

Senate Amendment to  
House File 2460

H-8277

1 Amend House File 2460, as amended, passed, and  
2 reprinted by the House, as follows:

3 1. By striking everything after the enacting clause  
4 and inserting:

5 <DIVISION I

6 DEPARTMENT ON AGING — FY 2016-2017

7 Section 1. 2015 Iowa Acts, chapter 137, section  
8 121, is amended to read as follows:

9 SEC. 121. DEPARTMENT ON AGING. There is  
10 appropriated from the general fund of the state to  
11 the department on aging for the fiscal year beginning  
12 July 1, 2016, and ending June 30, 2017, the following  
13 amount, or so much thereof as is necessary, to be used  
14 for the purposes designated:

15 For aging programs for the department on aging and  
16 area agencies on aging to provide citizens of Iowa who  
17 are 60 years of age and older with case management for  
18 frail elders, Iowa's aging and disabilities resource  
19 center, and other services which may include but are  
20 not limited to adult day services, respite care, chore  
21 services, information and assistance, and material aid,  
22 for information and options counseling for persons with  
23 disabilities who are 18 years of age or older, and  
24 for salaries, support, administration, maintenance,  
25 and miscellaneous purposes, and for not more than the  
26 following full-time equivalent positions:

27 .....	\$	5,699,866
28 .....		<u>12,498,603</u>
29 .....	FTEs	31.00

30 1. Funds appropriated in this section may be used  
31 to supplement federal funds under federal regulations.  
32 To receive funds appropriated in this section, a local  
33 area agency on aging shall match the funds with moneys  
34 from other sources according to rules adopted by the  
35 department. Funds appropriated in this section may be

1 used for elderly services not specifically enumerated  
2 in this section only if approved by an area agency on  
3 aging for provision of the service within the area.

4 2. Of the funds appropriated in this section,  
5 ~~\$139,973~~ \$279,946 is transferred to the economic  
6 development authority for the Iowa commission on  
7 volunteer services to be used for the retired and  
8 senior volunteer program.

9 3. a. The department on aging shall establish and  
10 enforce procedures relating to expenditure of state and  
11 federal funds by area agencies on aging that require  
12 compliance with both state and federal laws, rules, and  
13 regulations, including but not limited to all of the  
14 following:

15 (1) Requiring that expenditures are incurred only  
16 for goods or services received or performed prior to  
17 the end of the fiscal period designated for use of the  
18 funds.

19 (2) Prohibiting prepayment for goods or services  
20 not received or performed prior to the end of the  
21 fiscal period designated for use of the funds.

22 (3) Prohibiting the prepayment for goods or  
23 services not defined specifically by good or service,  
24 time period, or recipient.

25 (4) Prohibiting the establishment of accounts from  
26 which future goods or services which are not defined  
27 specifically by good or service, time period, or  
28 recipient, may be purchased.

29 b. The procedures shall provide that if any funds  
30 are expended in a manner that is not in compliance with  
31 the procedures and applicable federal and state laws,  
32 rules, and regulations, and are subsequently subject  
33 to repayment, the area agency on aging expending such  
34 funds in contravention of such procedures, laws, rules  
35 and regulations, not the state, shall be liable for

1 such repayment.

2 4. Of the funds appropriated in this section, at  
3 least ~~\$125,000~~ \$250,000 shall be used to fund the unmet  
4 needs identified through Iowa's aging and disability  
5 resource center network.

6 5. Of the funds appropriated in this section, at  
7 least ~~\$300,000~~ \$600,000 shall be used to fund home and  
8 community-based services through the area agencies  
9 on aging that enable older individuals to avoid more  
10 costly utilization of residential or institutional  
11 services and remain in their own homes.

12 6. Of the funds appropriated in this section,  
13 ~~\$406,833~~ \$912,537 shall be used for the purposes of  
14 chapter 231E and section 231.56A, of which ~~\$144,333~~  
15 \$350,000 shall be used for the office of substitute  
16 decision maker pursuant to chapter 231E, and the  
17 remainder shall be distributed equally to the area  
18 agencies on aging to administer the prevention of elder  
19 abuse, neglect, and exploitation program pursuant to  
20 section 231.56A, in accordance with the requirements  
21 of the federal Older Americans Act of 1965, 42 U.S.C.  
22 §3001 et seq., as amended.

23 7. Of the funds appropriated in this section,  
24 \$1,000,000 shall be used to fund continuation of the  
25 aging and disability resource center lifelong links to  
26 provide individuals and caregivers with information and  
27 services to plan for and maintain independence.

28 DIVISION II

29 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2016-2017

30 Sec. 2. 2015 Iowa Acts, chapter 137, section 122,  
31 is amended to read as follows:

32 SEC. 122. OFFICE OF LONG-TERM CARE OMBUDSMAN.

33 1. There is appropriated from the general fund of  
34 the state to the office of long-term care ombudsman for  
35 the fiscal year beginning July 1, 2016, and ending June

1 30, 2017, the following amount, or so much thereof as  
2 is necessary, to be used for the purposes designated:

3 For salaries, support, administration, maintenance,  
4 and miscellaneous purposes, and for not more than the  
5 following full-time equivalent positions:

6 .....	\$	<del>638,391</del>
7		<u>1,626,783</u>
8 .....	FTEs	<del>17.00</del>
9		<u>20.00</u>

10 2. Of the funds appropriated in this section,  
11 ~~\$110,000~~ \$220,000 shall be used to continue to provide  
12 for additional local long-term care ombudsmen.

13 3. Of the funds appropriated in this section,  
14 \$350,000 shall be used to provide additional long-term  
15 care ombudsmen to provide assistance and advocacy  
16 related to long-term care services and supports under  
17 the Medicaid program pursuant to section 231.44.

18 DIVISION III

19 DEPARTMENT OF PUBLIC HEALTH — FY 2016-2017

20 Sec. 3. 2015 Iowa Acts, chapter 137, section 123,  
21 is amended to read as follows:

22 SEC. 123. DEPARTMENT OF PUBLIC HEALTH. There is  
23 appropriated from the general fund of the state to  
24 the department of public health for the fiscal year  
25 beginning July 1, 2016, and ending June 30, 2017, the  
26 following amounts, or so much thereof as is necessary,  
27 to be used for the purposes designated:

28 1. ADDICTIVE DISORDERS

29 For reducing the prevalence of the use of tobacco,  
30 alcohol, and other drugs, and treating individuals  
31 affected by addictive behaviors, including gambling,  
32 and for not more than the following full-time  
33 equivalent positions:

34 .....	\$	<del>13,631,845</del>
35		<u>26,988,690</u>

1 ..... FTEs 10.00

2 a. (1) Of the funds appropriated in this  
3 subsection, ~~\$2,624,180~~ \$5,248,361 shall be used for  
4 the tobacco use prevention and control initiative,  
5 including efforts at the state and local levels, as  
6 provided in [chapter 142A](#). The commission on tobacco  
7 use prevention and control established pursuant  
8 to [section 142A.3](#) shall advise the director of  
9 public health in prioritizing funding needs and the  
10 allocation of moneys appropriated for the programs  
11 and initiatives. Activities of the programs and  
12 initiatives shall be in alignment with the United  
13 States centers for disease control and prevention  
14 best practices for comprehensive tobacco control  
15 programs that include the goals of preventing youth  
16 initiation of tobacco usage, reducing exposure to  
17 secondhand smoke, and promotion of tobacco cessation.  
18 To maximize resources, the department shall determine  
19 if third-party sources are available to instead provide  
20 nicotine replacement products to an applicant prior to  
21 provision of such products to an applicant under the  
22 initiative. The department shall track and report to  
23 the individuals specified in this Act, any reduction  
24 in the provision of nicotine replacement products  
25 realized by the initiative through implementation of  
26 the prerequisite screening.

27 (2) (a) ~~Of the funds allocated in this paragraph~~  
28 ~~"a", \$226,533 is transferred to the~~ The department  
29 shall collaborate with the alcoholic beverages division  
30 of the department of commerce for enforcement of  
31 tobacco laws, regulations, and ordinances and to engage  
32 in tobacco control activities approved by the division  
33 of tobacco use prevention and control of the department  
34 of public health as specified in the memorandum of  
35 understanding entered into between the divisions.

1 (b) For the fiscal year beginning July 1, 2016, and  
2 ending June 30, 2017, the terms of the memorandum of  
3 understanding, entered into between the division of  
4 tobacco use prevention and control of the department  
5 of public health and the alcoholic beverages division  
6 of the department of commerce, governing compliance  
7 checks conducted to ensure licensed retail tobacco  
8 outlet conformity with tobacco laws, regulations,  
9 and ordinances relating to persons under eighteen 18  
10 years of age, shall continue to restrict the number of  
11 such checks to one check per retail outlet, and one  
12 additional check for any retail outlet found to be in  
13 violation during the first check.

14 b. Of the funds appropriated in this subsection,  
15 ~~\$11,007,664~~ \$21,740,329 shall be used for problem  
16 gambling and substance-related disorder prevention,  
17 treatment, and recovery services, including a 24-hour  
18 helpline, public information resources, professional  
19 training, youth prevention, and program evaluation.

20 ~~(1) Of the funds allocated in this paragraph "b",~~  
21 ~~\$9,451,857 shall be used for substance-related disorder~~  
22 ~~prevention and treatment.~~

23 ~~(a) Of the funds allocated in this subparagraph~~  
24 ~~(1), \$449,650 shall be used for the public purpose of~~  
25 ~~a grant program to provide substance-related disorder~~  
26 ~~prevention programming for children.~~

27 ~~(i) Of the funds allocated in this subparagraph~~  
28 ~~division (a), \$213,769 shall be used for grant funding~~  
29 ~~for organizations that provide programming for~~  
30 ~~children by utilizing mentors. Programs approved for~~  
31 ~~such grants shall be certified or must be certified~~  
32 ~~within six months of receiving the grant award by the~~  
33 ~~Iowa commission on volunteer services as utilizing~~  
34 ~~the standards for effective practice for mentoring~~  
35 ~~programs.~~

1     ~~(ii) Of the funds allocated in this subparagraph~~  
2 ~~division (a), \$213,419 shall be used for grant funding~~  
3 ~~for organizations providing programming that includes~~  
4 ~~youth development and leadership services. The~~  
5 ~~programs shall also be recognized as being programs~~  
6 ~~that are scientifically based with evidence of their~~  
7 ~~effectiveness in reducing substance-related disorders~~  
8 ~~in children.~~

9     ~~(iii) The department of public health shall utilize~~  
10 ~~a request for proposals process to implement the grant~~  
11 ~~program.~~

12     ~~(iv) All grant recipients shall participate in a~~  
13 ~~program evaluation as a requirement for receiving grant~~  
14 ~~funds.~~

15     ~~(v) Of the funds allocated in this subparagraph~~  
16 ~~division (a), up to \$22,461 may be used to administer~~  
17 ~~substance-related disorder prevention grants and for~~  
18 ~~program evaluations.~~

19     ~~(b) Of the funds allocated in this subparagraph~~  
20 ~~(1), \$136,301 shall be used for culturally competent~~  
21 ~~substance-related disorder treatment pilot projects.~~

22     ~~(i) The department shall utilize the amount~~  
23 ~~allocated in this subparagraph division (b) for at~~  
24 ~~least three pilot projects to provide culturally~~  
25 ~~competent substance-related disorder treatment in~~  
26 ~~various areas of the state. Each pilot project shall~~  
27 ~~target a particular ethnic minority population. The~~  
28 ~~populations targeted shall include but are not limited~~  
29 ~~to African American, Asian, and Latino.~~

30     ~~(ii) The pilot project requirements shall provide~~  
31 ~~for documentation or other means to ensure access~~  
32 ~~to the cultural competence approach used by a pilot~~  
33 ~~project so that such approach can be replicated and~~  
34 ~~improved upon in successor programs.~~

35     ~~(2) Of the funds allocated in this paragraph "b",~~

1 up to \$1,555,807 may be used for problem gambling  
2 prevention, treatment, and recovery services.

3 (a) Of the funds allocated in this subparagraph  
4 (2), \$1,286,881 shall be used for problem gambling  
5 prevention and treatment.

6 (b) Of the funds allocated in this subparagraph  
7 (2), up to \$218,926 may be used for a 24-hour helpline,  
8 public information resources, professional training,  
9 and program evaluation.

10 (c) Of the funds allocated in this subparagraph  
11 (2), up to \$50,000 may be used for the licensing of  
12 problem gambling treatment programs.

13 (3) It is the intent of the general assembly that  
14 from the moneys allocated in this paragraph "b",  
15 persons with a dual diagnosis of substance-related  
16 disorder and gambling addiction shall be given priority  
17 in treatment services.

18 c. Notwithstanding any provision of law to the  
19 contrary, to standardize the availability, delivery,  
20 cost of delivery, and accountability of problem  
21 gambling and substance-related disorder treatment  
22 services statewide, the department shall continue  
23 implementation of a process to create a system for  
24 delivery of treatment services in accordance with the  
25 requirements specified in 2008 Iowa Acts, chapter  
26 1187, section 3, subsection 4. To ensure the system  
27 provides a continuum of treatment services that best  
28 meets the needs of Iowans, the problem gambling and  
29 substance-related disorder treatment services in any  
30 area may be provided either by a single agency or by  
31 separate agencies submitting a joint proposal.

32 (1) The system for delivery of substance-related  
33 disorder and problem gambling treatment shall include  
34 problem gambling prevention.

35 (2) The system for delivery of substance-related



1 ~~disorder and problem gambling treatment shall include~~  
2 ~~substance-related disorder prevention by July 1, 2017.~~

3 ~~(3) Of the funds allocated in paragraph "b", the~~  
4 ~~department may use up to \$50,000 for administrative~~  
5 ~~costs to continue developing and implementing the~~  
6 ~~process in accordance with this paragraph "c".~~

7 d. The requirement of section ~~123.53~~ 123.17,  
8 subsection 5, is met by the appropriations and  
9 allocations made in this division of this Act for  
10 purposes of substance-related disorder treatment and  
11 addictive disorders for the fiscal year beginning July  
12 1, 2016.

13 ~~e. The department of public health shall work with~~  
14 ~~all other departments that fund substance-related~~  
15 ~~disorder prevention and treatment services and all~~  
16 ~~such departments shall, to the extent necessary,~~  
17 ~~collectively meet the state maintenance of effort~~  
18 ~~requirements for expenditures for substance-related~~  
19 ~~disorder services as required under the federal~~  
20 ~~substance-related disorder prevention and treatment~~  
21 ~~block grant.~~

22 2. HEALTHY CHILDREN AND FAMILIES

23 For promoting the optimum health status for  
24 children, adolescents from birth through 21 years of  
25 age, and families, and for not more than the following  
26 full-time equivalent positions:

27 .....	\$	<del>2,308,771</del>
28 .....		<u>5,593,774</u>
29 .....	FTEs	12.00

30 a. Of the funds appropriated in this subsection,  
31 not more than ~~\$367,420~~ \$734,841 shall be used for the  
32 healthy opportunities for parents to experience success  
33 (HOPES)-healthy families Iowa (HFI) program established  
34 pursuant to [section 135.106](#). The funding shall be  
35 distributed to renew the grants that were provided

1 to the grantees that operated the program during the  
2 fiscal year ending June 30, 2016.

3 b. In order to implement the legislative intent  
4 stated in sections 135.106 and 256I.9, that priority  
5 for home visitation program funding be given to  
6 programs using evidence-based or promising models  
7 for home visitation, it is the intent of the general  
8 assembly to phase in the funding priority in accordance  
9 with 2012 Iowa Acts, chapter 1133, section 2,  
10 subsection 2, paragraph "0b".

11 c. Of the funds appropriated in this subsection,  
12 ~~\$1,099,414~~ \$3,175,059 shall be used for continuation  
13 of the department's initiative to provide for adequate  
14 developmental surveillance and screening during a  
15 child's first five years. The funds shall be used  
16 first to fully fund the current sites to ensure  
17 that the sites are fully operational, with the  
18 remaining funds to be used for expansion to additional  
19 sites. The full implementation and expansion shall  
20 include enhancing the scope of the program through  
21 collaboration with the child health specialty clinics  
22 to promote healthy child development through early  
23 identification and response to both biomedical  
24 and social determinants of healthy development; by  
25 monitoring child health metrics to inform practice,  
26 document long-term health impacts and savings, and  
27 provide for continuous improvement through training,  
28 education, and evaluation; and by providing for  
29 practitioner consultation particularly for children  
30 with behavioral conditions and needs. The department  
31 of public health shall also collaborate with the Iowa  
32 Medicaid enterprise and the child health specialty  
33 clinics to integrate the activities of the first five  
34 initiative into the establishment of patient-centered  
35 medical homes, community utilities, accountable

1 care organizations, and other integrated care models  
2 developed to improve health quality and population  
3 health while reducing health care costs. To the  
4 maximum extent possible, funding allocated in this  
5 paragraph shall be utilized as matching funds for  
6 medical assistance program reimbursement.

7 d. Of the funds appropriated in this subsection,  
8 ~~\$37,320~~ \$74,640 shall be distributed to a statewide  
9 dental carrier to provide funds to continue the donated  
10 dental services program patterned after the projects  
11 developed by the lifeline network to provide dental  
12 services to indigent individuals who are elderly or  
13 with disabilities.

14 e. Of the funds appropriated in this subsection,  
15 ~~\$55,997~~ \$111,995 shall be used for childhood obesity  
16 prevention.

17 f. Of the funds appropriated in this subsection,  
18 ~~\$81,384~~ \$162,768 shall be used to provide audiological  
19 services and hearing aids for children. The department  
20 may enter into a contract to administer this paragraph.

21 g. Of the funds appropriated in this subsection,  
22 ~~\$12,500~~ \$25,000 is transferred to the university of  
23 Iowa college of dentistry for provision of primary  
24 dental services to children. State funds shall be  
25 matched on a dollar-for-dollar basis. The university  
26 of Iowa college of dentistry shall coordinate efforts  
27 with the department of public health, bureau of oral  
28 and health delivery systems, to provide dental care to  
29 underserved populations throughout the state.

30 h. Of the funds appropriated in this subsection,  
31 ~~\$25,000~~ \$50,000 shall be used to address youth suicide  
32 prevention.

33 i. Of the funds appropriated in this subsection,  
34 ~~\$25,000~~ \$50,000 shall be used to support the Iowa  
35 effort to address the survey of children who experience

1 adverse childhood experiences known as ACEs.

2 j. The department of public health shall continue  
3 to administer the program to assist parents in this  
4 state with costs resulting from the death of a child  
5 in accordance with the provisions of 2014 Iowa Acts,  
6 chapter 1140, section 22, subsection 12.

7 3. CHRONIC CONDITIONS

8 For serving individuals identified as having chronic  
9 conditions or special health care needs, and for not  
10 more than the following full-time equivalent positions:

11 .....	\$	<del>2,477,846</del>
12 .....		<u>5,080,692</u>
13 .....	FTEs	5.00

14 a. Of the funds appropriated in this subsection,  
15 ~~\$79,966~~ \$159,932 shall be used for grants to individual  
16 patients who have an inherited metabolic disorder to  
17 assist with the costs of medically necessary foods and  
18 formula.

19 b. Of the funds appropriated in this subsection,  
20 ~~\$445,822~~ \$1,041,644 shall be used for the brain  
21 injury services program pursuant to [section 135.22B](#),  
22 including for continuation of the contracts for  
23 resource facilitator services in accordance with  
24 section 135.22B, subsection 9, and to enhance brain  
25 injury training and recruitment of service providers  
26 on a statewide basis. Of the amount allocated in this  
27 paragraph, ~~\$47,500~~ \$95,000 shall be used to fund one  
28 full-time equivalent position to serve as the state  
29 brain injury services program manager.

30 c. Of the funds appropriated in this subsection,  
31 ~~\$273,991~~ \$547,982 shall be used as additional funding  
32 to leverage federal funding through the federal Ryan  
33 White Care Act, Tit. II, AIDS drug assistance program  
34 supplemental drug treatment grants.

35 d. Of the funds appropriated in this subsection,

1 ~~\$74,911~~ \$149,823 shall be used for the public  
2 purpose of continuing to contract with an existing  
3 national-affiliated organization to provide education,  
4 client-centered programs, and client and family support  
5 for people living with epilepsy and their families.  
6 The amount allocated in this paragraph in excess of  
7 ~~\$50,000~~ \$100,000 shall be matched dollar-for-dollar by  
8 the organization specified.

9 e. Of the funds appropriated in this subsection,  
10 ~~\$392,557~~ \$785,114 shall be used for child health  
11 specialty clinics.

12 f. Of the funds appropriated in this subsection,  
13 ~~\$200,000~~ \$400,000 shall be used by the regional  
14 autism assistance program established pursuant to  
15 section 256.35, and administered by the child health  
16 specialty clinic located at the university of Iowa  
17 hospitals and clinics. The funds shall be used to  
18 enhance interagency collaboration and coordination of  
19 educational, medical, and other human services for  
20 persons with autism, their families, and providers of  
21 services, including delivering regionalized services of  
22 care coordination, family navigation, and integration  
23 of services through the statewide system of regional  
24 child health specialty clinics and fulfilling other  
25 requirements as specified in [chapter 225D](#). The  
26 university of Iowa shall not receive funds allocated  
27 under this paragraph for indirect costs associated with  
28 the regional autism assistance program.

29 g. Of the funds appropriated in this subsection,  
30 ~~\$285,496~~ \$594,543 shall be used for the comprehensive  
31 cancer control program to reduce the burden of cancer  
32 in Iowa through prevention, early detection, effective  
33 treatment, and ensuring quality of life. Of the funds  
34 allocated in this paragraph "g", ~~\$75,000~~ \$150,000  
35 shall be used to support a melanoma research symposium,

1 a melanoma biorepository and registry, basic and  
2 translational melanoma research, and clinical trials.

3 h. Of the funds appropriated in this subsection,  
4 ~~\$63,225~~ \$101,450 shall be used for cervical and colon  
5 cancer screening, and ~~\$150,000~~ \$300,000 shall be  
6 used to enhance the capacity of the cervical cancer  
7 screening program to include provision of recommended  
8 prevention and early detection measures to a broader  
9 range of low-income women.

10 i. Of the funds appropriated in this subsection,  
11 ~~\$263,347~~ \$526,695 shall be used for the center for  
12 congenital and inherited disorders.

13 j. Of the funds appropriated in this subsection,  
14 ~~\$64,705~~ \$129,411 shall be used for the prescription  
15 drug donation repository program created in chapter  
16 135M.

17 k. Of the funds appropriated in this subsection,  
18 ~~\$107,631~~ \$215,263 shall be used by the department of  
19 public health for reform-related activities, including  
20 but not limited to facilitation of communication  
21 to stakeholders at the state and local level,  
22 administering the patient-centered health advisory  
23 council pursuant to [section 135.159](#), and involvement  
24 in health care system innovation activities occurring  
25 across the state.

26 l. Of the funds appropriated in this subsection,  
27 ~~\$12,500~~ \$25,000 shall be used for administration of  
28 chapter 124D, the medical cannabidiol Act.

29 4. COMMUNITY CAPACITY

30 For strengthening the health care delivery system at  
31 the local level, and for not more than the following  
32 full-time equivalent positions:

33 .....	\$	<del>4,410,667</del>
34 .....		<u>7,339,136</u>
35 .....	FTEs	<del>11.00</del>

1  
2 a. Of the funds appropriated in this subsection,  
3 ~~\$49,707~~\$99,414 is allocated for continuation of the  
4 child vision screening program implemented through  
5 the university of Iowa hospitals and clinics in  
6 collaboration with early childhood Iowa areas. The  
7 program shall submit a report to the individuals  
8 identified in this Act for submission of reports  
9 regarding the use of funds allocated under this  
10 paragraph "a". The report shall include the objectives  
11 and results for the program year including the target  
12 population and how the funds allocated assisted the  
13 program in meeting the objectives; the number, age, and  
14 location within the state of individuals served; the  
15 type of services provided to the individuals served;  
16 the distribution of funds based on service provided;  
17 and the continuing needs of the program.  
18 b. Of the funds appropriated in this subsection,  
19 ~~\$55,328~~ \$110,656 is allocated for continuation of an  
20 initiative implemented at the university of Iowa and  
21 ~~\$49,952~~ \$99,904 is allocated for continuation of an  
22 initiative at the state mental health institute at  
23 Cherokee to expand and improve the workforce engaged in  
24 mental health treatment and services. The initiatives  
25 shall receive input from the university of Iowa, the  
26 department of human services, the department of public  
27 health, and the mental health and disability services  
28 commission to address the focus of the initiatives.  
29 c. Of the funds appropriated in this subsection,  
30 ~~\$582,314~~ \$1,164,628 shall be used for essential public  
31 health services that promote healthy aging throughout  
32 one's lifespan, contracted through a formula for local  
33 boards of health, to enhance health promotion and  
34 disease prevention services.  
35 d. Of the funds appropriated in this ~~section~~

1 subsection, ~~\$49,643~~ \$99,286 shall be deposited in the  
2 governmental public health system fund created in  
3 section 135A.8 to be used for the purposes of the fund.

4 ~~e. Of the funds appropriated in this subsection,~~  
5 ~~\$52,724 shall be used to continue to address the~~  
6 ~~shortage of mental health professionals in the state.~~

7 f. Of the funds appropriated in this subsection,  
8 ~~\$25,000~~ \$50,000 shall be used for a grant to a  
9 statewide association of psychologists that is  
10 affiliated with the American psychological association  
11 to be used for continuation of a program to rotate  
12 intern psychologists in placements in urban and rural  
13 mental health professional shortage areas, as defined  
14 in [section 135.180](#).

15 g. (1) Of the funds appropriated in this  
16 subsection, ~~\$1,441,484~~ \$1,210,770 shall be allocated  
17 as a grant to the Iowa primary care association to  
18 be used pursuant to [section 135.153](#) for the statewide  
19 coordination of the Iowa collaborative safety net  
20 provider network. Coordination of the network shall  
21 focus on increasing access by underserved populations  
22 to health care services, increasing integration of the  
23 health system and collaboration across the continuum of  
24 care with a focus on safety net services, and enhancing  
25 the Iowa collaborative safety net provider network's  
26 communication and education efforts. The amount  
27 allocated as a grant under this subparagraph (1) shall  
28 be used as follows to support the Iowa collaborative  
29 safety net provider network goals of increased access,  
30 health system integration, and engagement:

31 (a) For distribution to safety net partners in the  
32 state that work to increase access of the underserved  
33 population to health services:

34 .....	\$	512,742
35		<u>1,025,485</u>



1 (i) Of the amount allocated in this subparagraph  
2 division (a), ~~up to not less than \$206,707~~ \$413,415  
3 shall be distributed to the Iowa prescription drug  
4 corporation for continuation of the pharmaceutical  
5 infrastructure for safety net providers as described in  
6 2007 Iowa Acts, chapter 218, section 108.

7 (ii) Of the amount allocated in this subparagraph  
8 division (a), ~~up to not less than \$174,161~~ \$348,322  
9 shall be distributed to free clinics and free clinics  
10 of Iowa for necessary infrastructure, statewide  
11 coordination, provider recruitment, service delivery,  
12 and provision of assistance to patients in securing a  
13 medical home inclusive of oral health care.

14 (iii) Of the amount allocated in this subparagraph  
15 division (a), ~~up to not less than \$25,000~~ \$50,000  
16 shall be distributed to the Iowa coalition against  
17 sexual assault to continue a training program for  
18 sexual assault response team (SART) members, including  
19 representatives of law enforcement, victim advocates,  
20 prosecutors, and certified medical personnel.

21 (iv) Of the amount allocated in this subparagraph  
22 division (a), ~~up to not less than \$106,874~~ \$213,748  
23 shall be distributed to the Polk county medical  
24 society for continuation of the safety net provider  
25 patient access to a specialty health care initiative as  
26 described in 2007 Iowa Acts, chapter 218, section 109.

27 (c) For distribution to safety net partners in the  
28 state that work to serve as a resource for credible,  
29 accurate information on health care-related needs  
30 and services for vulnerable populations in the state  
31 including the Iowa association of rural health clinics  
32 for necessary infrastructure and service delivery  
33 transformation and the Iowa primary care association  
34 to support partner engagement, program management, and  
35 statewide coordination of the network:

1 ..... \$ 92,642  
2 185,285

3 (2) The amount allocated under this paragraph  
4 "g" shall not be reduced for administrative or other  
5 costs prior to distribution. The Iowa collaborative  
6 safety net provider network may continue to distribute  
7 funds allocated pursuant to this paragraph "g" through  
8 existing contracts or renewal of existing contracts.

9 (3) For each goal of the Iowa collaborative safety  
10 net provider network, the Iowa primary care association  
11 shall submit a progress report to the individuals  
12 designated in this Act for submission of reports by  
13 December 15, 2016, including progress in developing  
14 and implementing the network, how the funds were  
15 distributed and used in developing and implementing the  
16 network, and the remaining needs identified to fully  
17 develop and implement the network.

18 h. Of the funds appropriated in this subsection,  
19 ~~\$106,700~~ \$213,400 shall be used for continuation of  
20 the work of the direct care worker advisory council  
21 established pursuant to 2008 Iowa Acts, chapter 1188,  
22 section 69, in implementing the recommendations in  
23 the final report submitted by the advisory council to  
24 the governor and the general assembly in March 2012,  
25 including by continuing to develop, promote, and make  
26 available on a statewide basis the prepare-to-care core  
27 curriculum and its associated modules and specialties  
28 through various formats including online access,  
29 community colleges, and other venues; exploring  
30 new and maintaining existing specialties including  
31 but not limited to oral health and dementia care;  
32 supporting instructor training; and assessing and  
33 making recommendations concerning the Iowa care book  
34 and information technology systems and infrastructure  
35 uses and needs.

1 i. (1) Of the funds appropriated in this  
2 subsection, ~~\$108,187~~ \$216,375 shall be ~~used for~~  
3 ~~allocation to~~ allocated for continuation of the  
4 contract with an independent statewide direct care  
5 worker organization previously selected through a  
6 request for proposals process. The contract shall  
7 continue to include performance and outcomes measures,  
8 and shall continue to allow the contractor to use  
9 a portion of the funds received under the contract  
10 to collect data to determine results based on the  
11 performance and outcomes measures.

12 (2) Of the funds appropriated in this subsection,  
13 ~~\$37,500~~ \$75,000 shall be used to provide scholarships  
14 or other forms of subsidization for direct care  
15 worker educational conferences, training, or outreach  
16 activities.

17 j. Of the funds appropriated in this subsection,  
18 the department may use up to ~~\$29,087~~ \$58,175 for up to  
19 one full-time equivalent position to administer the  
20 volunteer health care provider program pursuant to  
21 section 135.24.

22 k. Of the funds appropriated in this subsection,  
23 ~~\$50,000~~ \$100,000 shall be used for a matching dental  
24 education loan repayment program to be allocated  
25 to a dental nonprofit health service corporation to  
26 continue to develop the criteria and implement the loan  
27 repayment program.

28 l. Of the funds appropriated in this subsection,  
29 ~~\$52,911~~ \$105,823 is transferred to the college student  
30 aid commission for deposit in the rural Iowa primary  
31 care trust fund created in [section 261.113](#) to be used  
32 for the purposes of the fund.

33 m. Of the funds appropriated in this subsection,  
34 ~~\$125,000~~ \$250,000 shall be used for the purposes of the  
35 Iowa donor registry as specified in [section 142C.18](#).

1 n. Of the funds appropriated in this subsection,  
2 ~~\$50,000~~ \$100,000 shall be used for continuation of  
3 a grant to a nationally affiliated volunteer eye  
4 organization that has an established program for  
5 children and adults and that is solely dedicated to  
6 preserving sight and preventing blindness through  
7 education, nationally certified vision screening and  
8 training, and community and patient service programs.  
9 The organization shall submit a report to the  
10 individuals identified in this Act for submission of  
11 reports regarding the use of funds allocated under this  
12 paragraph "n". The report shall include the objectives  
13 and results for the program year including the target  
14 population and how the funds allocated assisted the  
15 program in meeting the objectives; the number, age, and  
16 location within the state of individuals served; the  
17 type of services provided to the individuals served;  
18 the distribution of funds based on services provided;  
19 and the continuing needs of the program.

20 o. Of the funds appropriated in this subsection,  
21 ~~\$1,000,000~~ \$2,000,000 shall be deposited in the medical  
22 residency training account created in section 135.175,  
23 subsection 5, paragraph "a", and is appropriated from  
24 the account to the department of public health to be  
25 used for the purposes of the medical residency training  
26 state matching grants program as specified in section  
27 135.176. However, notwithstanding any provision to the  
28 contrary in [section 135.176](#), priority in the awarding  
29 of grants for the fiscal year beginning July 1, 2016,  
30 shall be given to sponsors approved but not funded in  
31 the prior fiscal year competitive procurement process  
32 that proposed preference in the use of the grant funds  
33 for internal medicine positions, and priority in the  
34 awarding of the remaining moneys shall be given to  
35 sponsors that propose preference in the use of the

1 grant funds for psychiatric residency positions and  
2 family practice residency positions.

3 p. Of the funds appropriated in this subsection,  
4 ~~\$78,309~~ \$156,619 is allocated to the university of  
5 Iowa hospitals and clinics to continue a systematic  
6 and evidence-based practice collaborative care model  
7 to improve outcomes of mental health treatment in  
8 primary care settings in the state. Funds shall be  
9 used to establish the collaborative care model in  
10 several primary care practices in rural and urban areas  
11 throughout the state, to provide staffing to administer  
12 the model, and to provide staff training and database  
13 management to track and manage patient outcomes.

14 q. Of the funds appropriated in this subsection,  
15 \$100,000 shall be used by the department of public  
16 health to develop recommendations to be submitted in  
17 a report by December 15, 2016, as otherwise described  
18 in this division of this Act, including those for  
19 a broader, more systematic and strategic workforce  
20 initiative, which may include a comprehensive study of  
21 workforce program needs and the establishment of an  
22 advisory workgroup.

## 23 5. HEALTHY AGING

24 To provide public health services that reduce risks  
25 and invest in promoting and protecting good health over  
26 the course of a lifetime with a priority given to older  
27 Iowans and vulnerable populations:

28 ..... \$ ~~3,648,571~~  
29 7,297,142

## 30 6. INFECTIOUS DISEASES

31 For reducing the incidence and prevalence of  
32 communicable diseases, and for not more than the  
33 following full-time equivalent positions:

34 ..... \$ ~~667,577~~  
35 1,335,155

1 ..... FTEs 4.00

2 7. PUBLIC PROTECTION

3 For protecting the health and safety of the  
4 public through establishing standards and enforcing  
5 regulations, and for not more than the following  
6 full-time equivalent positions:

7 ..... \$ ~~2,169,595~~

8 4,399,191

9 ..... FTEs ~~136.00~~

10 137.00

11 a. Of the funds appropriated in this subsection,  
12 not more than ~~\$227,350~~ \$454,700 shall be credited to  
13 the emergency medical services fund created in section  
14 135.25. Moneys in the emergency medical services fund  
15 are appropriated to the department to be used for the  
16 purposes of the fund.

17 b. Of the funds appropriated in this subsection,  
18 ~~\$101,516~~ \$203,032 shall be used for sexual violence  
19 prevention programming through a statewide organization  
20 representing programs serving victims of sexual  
21 violence through the department's sexual violence  
22 prevention program. The amount allocated in this  
23 paragraph "b" shall not be used to supplant funding  
24 administered for other sexual violence prevention or  
25 victims assistance programs.

26 c. Of the funds appropriated in this subsection,  
27 ~~\$299,375~~ \$598,751 shall be used for the state poison  
28 control center. Pursuant to the directive under 2014  
29 Iowa Acts, chapter 1140, section 102, the federal  
30 matching funds available to the state poison control  
31 center from the department of human services under  
32 the federal Children's Health Insurance Program  
33 Reauthorization Act allotment shall be subject to  
34 the federal administrative cap rule of 10 percent  
35 applicable to funding provided under Tit. XXI of the

1 federal Social Security Act and included within the  
2 department's calculations of the cap.

3 d. Of the funds appropriated in this subsection,  
4 ~~\$268,875~~ \$537,750 shall be used for childhood lead  
5 poisoning provisions.

6 8. RESOURCE MANAGEMENT

7 For establishing and sustaining the overall  
8 ability of the department to deliver services to the  
9 public, and for not more than the following full-time  
10 equivalent positions:

11 .....	\$	427,536
12 .....		<u>1,005,072</u>
13 .....	FTEs	4.00

14 9. MISCELLANEOUS PROVISIONS

15 a. The university of Iowa hospitals and clinics  
16 under the control of the state board of regents shall  
17 not receive indirect costs from the funds appropriated  
18 in this section. The university of Iowa hospitals and  
19 clinics billings to the department shall be on at least  
20 a quarterly basis.

21 b. The department of public health shall conduct a  
22 sampling of the entities to which appropriated funds  
23 are allocated, granted, or otherwise distributed under  
24 this section and shall require such entities to submit  
25 a progress report to the department by September 1,  
26 2016, which includes the objectives and results of the  
27 program since the initial receipt of state funding and  
28 how the funds are assisting the program in meeting the  
29 objectives, specifying the target population served  
30 and the type of services provided, and identifying  
31 the continuing needs of the recipient entity and the  
32 service population. The department shall review the  
33 information reported and shall make recommendations to  
34 the governor and the general assembly by December 15,  
35 2016, to realign, bundle, or otherwise redistribute

1 funding to meet the needs identified and improve  
2 services during the subsequent fiscal year.

3 c. The department of public health shall submit a  
4 report to the individuals identified in this Act for  
5 submission of reports by December 15, 2016, regarding  
6 a proposal for realigning, bundling, redistributing,  
7 or otherwise adjusting the department's funding  
8 streams to reflect the department's priorities and  
9 goals and to provide increased flexibility in the  
10 distribution of funding to meet these priorities  
11 and goals. The proposal shall specifically include  
12 recommendations for a broader, more systematic and  
13 strategic workforce initiative which may include a  
14 comprehensive study of workforce program needs and the  
15 establishment of an advisory workgroup. The proposal  
16 shall also specifically include strategies, developed  
17 in collaboration with the department of education, to  
18 encourage elementary and secondary education students  
19 to pursue careers in the fields of health and health  
20 care.

21 DIVISION IV

22 DEPARTMENT OF VETERANS AFFAIRS — FY 2016-2017

23 Sec. 4. 2015 Iowa Acts, chapter 137, section 124,  
24 is amended to read as follows:

25 SEC. 124. DEPARTMENT OF VETERANS AFFAIRS. There  
26 is appropriated from the general fund of the state to  
27 the department of veterans affairs for the fiscal year  
28 beginning July 1, 2016, and ending June 30, 2017, the  
29 following amounts, or so much thereof as is necessary,  
30 to be used for the purposes designated:

31 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

32 For salaries, support, maintenance, and  
33 miscellaneous purposes, and for not more than the  
34 following full-time equivalent positions:

35 ..... \$ 600,273



1 1,200,546  
2 ..... FTEs 15.00

3 2. IOWA VETERANS HOME

4 For salaries, support, maintenance, and  
5 miscellaneous purposes:

6 ..... \$ ~~3,797,498~~  
7 7,594,996

8 a. The Iowa veterans home billings involving the  
9 department of human services shall be submitted to the  
10 department on at least a monthly basis.

11 c. Within available resources and in conformance  
12 with associated state and federal program eligibility  
13 requirements, the Iowa veterans home may implement  
14 measures to provide financial assistance to or  
15 on behalf of veterans or their spouses who are  
16 participating in the community reentry program.

17 e. The Iowa veterans home shall expand the annual  
18 discharge report to also include applicant information  
19 and to provide for the collection of demographic  
20 information including but not limited to the number  
21 of individuals applying for admission and admitted or  
22 denied admittance and the basis for the admission or  
23 denial; the age, gender, and race of such individuals;  
24 and the level of care for which such individuals  
25 applied for admission including residential or nursing  
26 level of care.

27 3. HOME OWNERSHIP ASSISTANCE PROGRAM

28 For transfer to the Iowa finance authority for the  
29 continuation of the home ownership assistance program  
30 for persons who are or were eligible members of the  
31 armed forces of the United States, pursuant to section  
32 16.54:

33 ..... \$ ~~1,250,000~~  
34 2,500,000

35 Sec. 5. 2015 Iowa Acts, chapter 137, section 125,

1 is amended to read as follows:

2 SEC. 125. LIMITATION OF COUNTY

3 COMMISSIONS OF VETERAN AFFAIRS FUND STANDING

4 APPROPRIATIONS. Notwithstanding the standing  
5 appropriation in [section 35A.16](#) for the fiscal year  
6 beginning July 1, 2016, and ending June 30, 2017, the  
7 amount appropriated from the general fund of the state  
8 pursuant to that section for the following designated  
9 purposes shall not exceed the following amount:

10 For the county commissions of veteran affairs fund  
11 under [section 35A.16](#):

12 .....	\$	<del>495,000</del>
13		<u>990,000</u>

14 DIVISION V

15 DEPARTMENT OF HUMAN SERVICES — FY 2016-2017

16 Sec. 6. 2015 Iowa Acts, chapter 137, section 126,  
17 is amended to read as follows:

18 SEC. 126. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

19 BLOCK GRANT. There is appropriated from the fund  
20 created in [section 8.41](#) to the department of human  
21 services for the fiscal year beginning July 1, 2016,  
22 and ending June 30, 2017, from moneys received under  
23 the federal temporary assistance for needy families  
24 (TANF) block grant pursuant to the federal Personal  
25 Responsibility and Work Opportunity Reconciliation  
26 Act of 1996, Pub. L. No. 104-193, and successor  
27 legislation, the following amounts, or so much  
28 thereof as is necessary, to be used for the purposes  
29 designated:

30 1. To be credited to the family investment program  
31 account and used for assistance under the family  
32 investment program under [chapter 239B](#):

33 .....	\$	<del>2,568,497</del>
34		<u>5,112,462</u>

35 2. To be credited to the family investment program

1 account and used for the job opportunities and  
2 basic skills (JOBS) program and implementing family  
3 investment agreements in accordance with [chapter 239B](#):

4 ..... \$ ~~5,069,089~~  
5 5,575,693

6 3. To be used for the family development and  
7 self-sufficiency grant program in accordance with  
8 section 216A.107:

9 ..... \$ ~~1,449,490~~  
10 2,898,980

11 Notwithstanding [section 8.33](#), moneys appropriated in  
12 this subsection that remain unencumbered or unobligated  
13 at the close of the fiscal year shall not revert but  
14 shall remain available for expenditure for the purposes  
15 designated until the close of the succeeding fiscal  
16 year. However, unless such moneys are encumbered or  
17 obligated on or before September 30, ~~2016~~ 2017, the  
18 moneys shall revert.

19 4. For field operations:

20 ..... \$ ~~15,648,116~~  
21 35,774,331

22 5. For general administration:

23 ..... \$ ~~1,872,000~~  
24 3,744,000

25 6. For state child care assistance:

26 ..... \$ ~~17,523,555~~  
27 46,866,826

28 a. Of the funds appropriated in this subsection,  
29 ~~\$13,164,048~~ \$26,328,097 is transferred to the child  
30 care and development block grant appropriation made  
31 by the Eighty-sixth General Assembly, 2016 Session,  
32 for the federal fiscal year beginning October 1,  
33 2016, and ending September 30, 2017. Of this amount,  
34 ~~\$100,000~~ \$200,000 shall be used for provision of  
35 educational opportunities to registered child care

1 home providers in order to improve services and  
2 programs offered by this category of providers and  
3 to increase the number of providers. The department  
4 may contract with institutions of higher education or  
5 child care resource and referral centers to provide the  
6 educational opportunities. Allowable administrative  
7 costs under the contracts shall not exceed 5 percent.  
8 The application for a grant shall not exceed two pages  
9 in length.

10 b. Any funds appropriated in this subsection  
11 remaining unallocated shall be used for state child  
12 care assistance payments for families who are employed  
13 including but not limited to individuals enrolled in  
14 the family investment program.

15 ~~7. For distribution to counties and regions through~~  
16 ~~the property tax relief fund for mental health and~~  
17 ~~disability services as provided in an appropriation~~  
18 ~~made for this purpose:~~

19 ..... \$ ~~2,447,026~~

20 8. For child and family services:

21 ..... \$ ~~16,042,215~~

22 ..... 36,256,580

23 9. For child abuse prevention grants:

24 ..... \$ ~~62,500~~

25 ..... 125,000

26 10. For pregnancy prevention grants on the  
27 condition that family planning services are funded:

28 ..... \$ ~~965,033~~

29 ..... 1,930,067

30 Pregnancy prevention grants shall be awarded to  
31 programs in existence on or before July 1, 2016, if the  
32 programs have demonstrated positive outcomes. Grants  
33 shall be awarded to pregnancy prevention programs  
34 which are developed after July 1, 2016, if the programs  
35 are based on existing models that have demonstrated

1 positive outcomes. Grants shall comply with the  
2 requirements provided in 1997 Iowa Acts, chapter  
3 208, section 14, subsections 1 and 2, including the  
4 requirement that grant programs must emphasize sexual  
5 abstinence. Priority in the awarding of grants shall  
6 be given to programs that serve areas of the state  
7 which demonstrate the highest percentage of unplanned  
8 pregnancies of females of childbearing age within the  
9 geographic area to be served by the grant.

10 11. For technology needs and other resources  
11 necessary to meet federal welfare reform reporting,  
12 tracking, and case management requirements:

13 ..... \$ ~~518,593~~  
14 1,037,186

15 12. For the family investment program share of  
16 the costs to continue to develop and maintain a new,  
17 integrated eligibility determination system:

18 ..... \$ ~~3,327,440~~  
19 6,654,880

20 13. a. Notwithstanding any provision to the  
21 contrary, including but not limited to requirements  
22 in [section 8.41](#) or provisions in 2015 or 2016 Iowa  
23 Acts regarding the receipt and appropriation of  
24 federal block grants, federal funds from the temporary  
25 assistance for needy families block grant received  
26 by the state and not otherwise appropriated in this  
27 section and remaining available for the fiscal year  
28 beginning July 1, 2016, are appropriated to the  
29 department of human services to the extent as may  
30 be necessary to be used in the following priority  
31 order: the family investment program, for state child  
32 care assistance program payments for families who are  
33 employed, and for the family investment program share  
34 of costs to develop and maintain a new, integrated  
35 eligibility determination system. The federal funds

1 appropriated in this paragraph "a" shall be expended  
2 only after all other funds appropriated in subsection  
3 1 for the assistance under the family investment  
4 program, in subsection 6 for child care assistance,  
5 or in subsection 12 for the family investment program  
6 share of the costs to continue to develop and  
7 maintain a new, integrated eligibility determination  
8 system, as applicable, have been expended. For the  
9 purposes of this subsection, the funds appropriated  
10 in subsection 6, paragraph "a", for transfer to the  
11 child care and development block grant appropriation  
12 are considered fully expended when the full amount has  
13 been transferred.

14 b. The department shall, on a quarterly basis,  
15 advise the legislative services agency and department  
16 of management of the amount of funds appropriated in  
17 this subsection that was expended in the prior quarter.

18 14. Of the amounts appropriated in this section,  
19 ~~\$6,481,004~~ \$12,962,008 for the fiscal year beginning  
20 July 1, 2016, is transferred to the appropriation of  
21 the federal social services block grant made to the  
22 department of human services for that fiscal year.

23 15. For continuation of the program providing  
24 categorical eligibility for the food assistance program  
25 as specified for the program in the section of this  
26 division of this 2016 Act relating to the family  
27 investment program account:

28 .....	\$	<del>12,500</del>
29		<u>25,000</u>

30 16. The department may transfer funds allocated  
31 in this section to the appropriations made in this  
32 division of this Act for the same fiscal year for  
33 general administration and field operations for  
34 resources necessary to implement and operate the  
35 services referred to in this section and those funded

1 in the appropriation made in this division of this Act  
2 for the same fiscal year for the family investment  
3 program from the general fund of the state.

4 Sec. 7. 2015 Iowa Acts, chapter 137, section 127,  
5 is amended to read as follows:

6 SEC. 127. FAMILY INVESTMENT PROGRAM ACCOUNT.

7 1. Moneys credited to the family investment program  
8 (FIP) account for the fiscal year beginning July  
9 1, 2016, and ending June 30, 2017, shall be used to  
10 provide assistance in accordance with [chapter 239B](#).

11 2. The department may use a portion of the moneys  
12 credited to the FIP account under this section as  
13 necessary for salaries, support, maintenance, and  
14 miscellaneous purposes.

15 3. The department may transfer funds allocated  
16 in subsection 4 to the appropriations made in this  
17 division of this Act for the same fiscal year for  
18 general administration and field operations for  
19 resources necessary to implement and operate the family  
20 investment program services referred to in this section  
21 and those funded in the appropriation made in this  
22 division of this Act for the same fiscal year for the  
23 family investment program from the general fund of the  
24 state.

25 4. Moneys appropriated in this division of this Act  
26 and credited to the FIP account for the fiscal year  
27 beginning July 1, 2016, and ending June 30, 2017, are  
28 allocated as follows:

29 a. To be retained by the department of human  
30 services to be used for coordinating with the  
31 department of human rights to more effectively serve  
32 participants in FIP and other shared clients and to  
33 meet federal reporting requirements under the federal  
34 temporary assistance for needy families block grant:  
35 ..... \$ ~~10,000~~

1 20,000

2     b. To the department of human rights for staffing,  
3 administration, and implementation of the family  
4 development and self-sufficiency grant program in  
5 accordance with [section 216A.107](#):

6 ..... \$ ~~3,096,417~~  
7 6,192,834

8     (1) Of the funds allocated for the family  
9 development and self-sufficiency grant program in this  
10 paragraph "b", not more than 5 percent of the funds  
11 shall be used for the administration of the grant  
12 program.

13     (2) The department of human rights may continue to  
14 implement the family development and self-sufficiency  
15 grant program statewide during fiscal year 2016-2017.

16     (3) The department of human rights may engage in  
17 activities to strengthen and improve family outcomes  
18 measures and data collection systems under the family  
19 development and self-sufficiency grant program.

20     c. For the diversion subaccount of the FIP account:  
21 ..... \$ ~~407,500~~  
22 815,000

23     A portion of the moneys allocated for the subaccount  
24 may be used for field operations, salaries, data  
25 management system development, and implementation  
26 costs and support deemed necessary by the director of  
27 human services in order to administer the FIP diversion  
28 program. To the extent moneys allocated in this  
29 paragraph "c" are not deemed by the department to be  
30 necessary to support diversion activities, such moneys  
31 may be used for other efforts intended to increase  
32 engagement by family investment program participants in  
33 work, education, or training activities.

34     d. For the food assistance employment and training  
35 program:



1 ..... \$ ~~33,294~~  
2 66,588

3 (1) The department shall apply the federal  
4 supplemental nutrition assistance program (SNAP)  
5 employment and training state plan in order to maximize  
6 to the fullest extent permitted by federal law the use  
7 of the 50 percent federal reimbursement provisions  
8 for the claiming of allowable federal reimbursement  
9 funds from the United States department of agriculture  
10 pursuant to the federal SNAP employment and training  
11 program for providing education, employment, and  
12 training services for eligible food assistance program  
13 participants, including but not limited to related  
14 dependent care and transportation expenses.

15 (2) The department shall continue the categorical  
16 federal food assistance program eligibility at 160  
17 percent of the federal poverty level and continue to  
18 eliminate the asset test from eligibility requirements,  
19 consistent with federal food assistance program  
20 requirements. The department shall include as many  
21 food assistance households as is allowed by federal  
22 law. The eligibility provisions shall conform to all  
23 federal requirements including requirements addressing  
24 individuals who are incarcerated or otherwise  
25 ineligible.

26 e. For the JOBS program:

27 ..... \$ ~~8,770,199~~  
28 16,129,101

29 5. Of the child support collections assigned under  
30 FIP, an amount equal to the federal share of support  
31 collections shall be credited to the child support  
32 recovery appropriation made in this division of this  
33 Act. Of the remainder of the assigned child support  
34 collections received by the child support recovery  
35 unit, a portion shall be credited to the FIP account,

1 a portion may be used to increase recoveries, and a  
2 portion may be used to sustain cash flow in the child  
3 support payments account. If as a consequence of the  
4 appropriations and allocations made in this section  
5 the resulting amounts are insufficient to sustain  
6 cash assistance payments and meet federal maintenance  
7 of effort requirements, the department shall seek  
8 supplemental funding. If child support collections  
9 assigned under FIP are greater than estimated or are  
10 otherwise determined not to be required for maintenance  
11 of effort, the state share of either amount may  
12 be transferred to or retained in the child support  
13 payments account.

14 6. The department may adopt emergency rules for the  
15 family investment, JOBS, food assistance, and medical  
16 assistance programs if necessary to comply with federal  
17 requirements.

18 Sec. 8. 2015 Iowa Acts, chapter 137, section 128,  
19 is amended to read as follows:

20 SEC. 128. FAMILY INVESTMENT PROGRAM GENERAL  
21 FUND. There is appropriated from the general fund of  
22 the state to the department of human services for the  
23 fiscal year beginning July 1, 2016, and ending June 30,  
24 2017, the following amount, or so much thereof as is  
25 necessary, to be used for the purpose designated:

26 To be credited to the family investment program  
27 (FIP) account and used for family investment program  
28 assistance under [chapter 239B](#):

29 ..... \$ ~~24,336,937~~  
30 48,673,875

31 1. Of the funds appropriated in this section,  
32 ~~\$3,701,110~~ \$10,553,408 is allocated for the JOBS  
33 program.

34 2. Of the funds appropriated in this section,  
35 ~~\$1,656,927~~ \$3,313,854 is allocated for the family

1 development and self-sufficiency grant program.

2 3. Notwithstanding [section 8.39](#), for the fiscal  
3 year beginning July 1, 2016, if necessary to meet  
4 federal maintenance of effort requirements; or to  
5 transfer federal temporary assistance for needy  
6 families block grant funding to be used for purposes  
7 of the federal social services block grant; or to meet  
8 cash flow needs resulting from delays in receiving  
9 federal funding; or to implement, in accordance with  
10 this division of this Act, activities currently funded  
11 with juvenile court services, county, or community  
12 moneys and state moneys used in combination with such  
13 moneys; to comply with federal requirements; or to  
14 maximize the use of federal funds, the department of  
15 human services may transfer funds within or between  
16 any of the appropriations made in this division of  
17 this Act and appropriations in law for the federal  
18 social services block grant to the department for the  
19 following purposes, provided that the combined amount  
20 of state and federal temporary assistance for needy  
21 families block grant funding for each appropriation  
22 remains the same before and after the transfer:

- 23 a. For the family investment program.
- 24 b. For child care assistance.
- 25 c. For child and family services.
- 26 d. For field operations.
- 27 e. For general administration.
- 28 ~~f. For distribution to counties or regions through~~  
29 ~~the property tax relief fund for mental health and~~  
30 ~~disability services as provided in an appropriation for~~  
31 ~~this purpose.~~

32 This subsection shall not be construed to prohibit  
33 the use of existing state transfer authority for other  
34 purposes. The department shall report any transfers  
35 made pursuant to this subsection to the legislative

1 services agency.

2 4. Of the funds appropriated in this section,  
3 ~~\$97,839~~ \$195,678 shall be used for continuation of a  
4 grant to an Iowa-based nonprofit organization with a  
5 history of providing tax preparation assistance to  
6 low-income Iowans in order to expand the usage of the  
7 earned income tax credit. The purpose of the grant is  
8 to supply this assistance to underserved areas of the  
9 state.

10 5. Of the funds appropriated in this section,  
11 ~~\$30,000~~ \$60,000 shall be used for the continuation  
12 of an unfunded pilot project, as defined in 441 IAC  
13 100.1, relating to parental obligations, in which the  
14 child support recovery unit participates, to support  
15 the efforts of a nonprofit organization committed to  
16 strengthening the community through youth development,  
17 healthy living, and social responsibility headquartered  
18 in a county with a population over 350,000. The funds  
19 allocated in this subsection shall be used by the  
20 recipient organization to develop a larger community  
21 effort, through public and private partnerships,  
22 to support a broad-based multi-county fatherhood  
23 initiative that promotes payment of child support  
24 obligations, improved family relationships, and  
25 full-time employment.

26 6. The department may transfer funds appropriated  
27 in this section to the appropriations made in this  
28 division of this Act for general administration and  
29 field operations as necessary to administer this  
30 section and the overall family investment program.

31 Sec. 9. 2015 Iowa Acts, chapter 137, section 129,  
32 is amended to read as follows:

33 SEC. 129. CHILD SUPPORT RECOVERY. There is  
34 appropriated from the general fund of the state to  
35 the department of human services for the fiscal year

1 beginning July 1, 2016, and ending June 30, 2017, the  
2 following amount, or so much thereof as is necessary,  
3 to be used for the purposes designated:

4 For child support recovery, including salaries,  
5 support, maintenance, and miscellaneous purposes, and  
6 for not more than the following full-time equivalent  
7 positions:

8 .....	\$	<del>7,331,686</del>
9 .....		<u>14,663,373</u>
10 .....	FTEs	464.00

11 1. The department shall expend up to ~~\$12,164~~  
12 \$24,329, including federal financial participation, for  
13 the fiscal year beginning July 1, 2016, for a child  
14 support public awareness campaign. The department and  
15 the office of the attorney general shall cooperate in  
16 continuation of the campaign. The public awareness  
17 campaign shall emphasize, through a variety of media  
18 activities, the importance of maximum involvement of  
19 both parents in the lives of their children as well as  
20 the importance of payment of child support obligations.

21 2. Federal access and visitation grant moneys shall  
22 be issued directly to private not-for-profit agencies  
23 that provide services designed to increase compliance  
24 with the child access provisions of court orders,  
25 including but not limited to neutral visitation sites  
26 and mediation services.

27 3. The appropriation made to the department for  
28 child support recovery may be used throughout the  
29 fiscal year in the manner necessary for purposes of  
30 cash flow management, and for cash flow management  
31 purposes the department may temporarily draw more  
32 than the amount appropriated, provided the amount  
33 appropriated is not exceeded at the close of the fiscal  
34 year.

35 4. With the exception of the funding amount

1 specified, the requirements established under 2001  
2 Iowa Acts, chapter 191, section 3, subsection 5,  
3 paragraph "c", subparagraph (3), shall be applicable  
4 to parental obligation pilot projects for the fiscal  
5 year beginning July 1, 2016, and ending June 30,  
6 2017. Notwithstanding 441 IAC 100.8, providing for  
7 termination of rules relating to the pilot projects,  
8 the rules shall remain in effect until June 30, 2017.

9 Sec. 10. 2015 Iowa Acts, chapter 137, section 132,  
10 is amended to read as follows:

11 SEC. 132. MEDICAL ASSISTANCE. There is  
12 appropriated from the general fund of the state to  
13 the department of human services for the fiscal year  
14 beginning July 1, 2016, and ending June 30, 2017, the  
15 following amount, or so much thereof as is necessary,  
16 to be used for the purpose designated:

17 For medical assistance program reimbursement and  
18 associated costs as specifically provided in the  
19 reimbursement methodologies in effect on June 30,  
20 2016, except as otherwise expressly authorized by  
21 law, consistent with options under federal law and  
22 regulations, and contingent upon receipt of approval  
23 from the office of the governor of reimbursement for  
24 each abortion performed under the program:

25 ..... ~~\$651,595,782~~  
26 1,318,246,446

27 1. Iowans support reducing the number of abortions  
28 performed in our state. Funds appropriated under  
29 this section shall not be used for abortions, unless  
30 otherwise authorized under this section.

31 2. The provisions of this section relating to  
32 abortions shall also apply to the Iowa health and  
33 wellness plan created pursuant to [chapter 249N](#).

34 3. The department shall utilize not more than  
35 ~~\$30,000~~ \$60,000 of the funds appropriated in this

1 section to continue the AIDS/HIV health insurance  
2 premium payment program as established in 1992 Iowa  
3 Acts, Second Extraordinary Session, chapter 1001,  
4 section 409, subsection 6. Of the funds allocated in  
5 this subsection, not more than ~~\$2,500~~ \$5,000 may be  
6 expended for administrative purposes.

7 4. Of the funds appropriated in this Act to the  
8 department of public health for addictive disorders,  
9 ~~\$475,000~~ \$950,000 for the fiscal year beginning July  
10 1, 2016, is transferred to the department of human  
11 services for an integrated substance-related disorder  
12 managed care system. The department shall not assume  
13 management of the substance-related disorder system  
14 in place of the managed care contractor unless such  
15 a change in approach is specifically authorized in  
16 law. The departments of human services and public  
17 health shall work together to maintain the level  
18 of mental health and substance-related disorder  
19 treatment services provided by the managed care  
20 ~~contractor through the Iowa plan for behavioral health~~  
21 contractors. Each department shall take the steps  
22 necessary to continue the federal waivers as necessary  
23 to maintain the level of services.

24 5. a. The department shall aggressively pursue  
25 options for providing medical assistance or other  
26 assistance to individuals with special needs who become  
27 ineligible to continue receiving services under the  
28 early and periodic screening, diagnostic, and treatment  
29 program under the medical assistance program due  
30 to becoming 21 years of age who have been approved  
31 for additional assistance through the department's  
32 exception to policy provisions, but who have health  
33 care needs in excess of the funding available through  
34 the exception to policy provisions.

35 b. Of the funds appropriated in this section,

1 ~~\$50,000~~ \$100,000 shall be used for participation in one  
2 or more pilot projects operated by a private provider  
3 to allow the individual or individuals to receive  
4 service in the community in accordance with principles  
5 established in Olmstead v. L.C., 527 U.S. 581 (1999),  
6 for the purpose of providing medical assistance or  
7 other assistance to individuals with special needs  
8 who become ineligible to continue receiving services  
9 under the early and periodic screening, diagnostic, and  
10 treatment program under the medical assistance program  
11 due to becoming 21 years of age who have been approved  
12 for additional assistance through the department's  
13 exception to policy provisions, but who have health  
14 care needs in excess of the funding available through  
15 the exception to the policy provisions.

16 6. Of the funds appropriated in this section, up to  
17 ~~\$1,525,041~~ \$3,050,082 may be transferred to the field  
18 operations or general administration appropriations  
19 in this division of this Act for operational costs  
20 associated with Part D of the federal Medicare  
21 Prescription Drug Improvement and Modernization Act of  
22 2003, Pub. L. No. 108-173.

23 7. Of the funds appropriated in this section,  
24 up to ~~\$221,050~~ \$442,100 may be transferred to the  
25 appropriation in this division of this Act for medical  
26 contracts to be used for clinical assessment services  
27 and prior authorization of services.

28 8. A portion of the funds appropriated in this  
29 section may be transferred to the appropriations in  
30 this division of this Act for general administration,  
31 medical contracts, the children's health insurance  
32 program, or field operations to be used for the  
33 state match cost to comply with the payment error  
34 rate measurement (PERM) program for both the medical  
35 assistance and children's health insurance programs



1 as developed by the centers for Medicare and Medicaid  
2 services of the United States department of health and  
3 human services to comply with the federal Improper  
4 Payments Information Act of 2002, Pub. L. No. 107-300.

5 9. The department shall continue to implement the  
6 recommendations of the assuring better child health  
7 and development initiative II (ABCDII) clinical panel  
8 to the Iowa early and periodic screening, diagnostic,  
9 and treatment services healthy mental development  
10 collaborative board regarding changes to billing  
11 procedures, codes, and eligible service providers.

12 10. Of the funds appropriated in this section,  
13 a sufficient amount is allocated to supplement  
14 the incomes of residents of nursing facilities,  
15 intermediate care facilities for persons with mental  
16 illness, and intermediate care facilities for persons  
17 with an intellectual disability, with incomes of less  
18 than \$50 in the amount necessary for the residents to  
19 receive a personal needs allowance of \$50 per month  
20 pursuant to [section 249A.30A](#).

21 ~~11. Of the funds appropriated in this section, the~~  
22 ~~following amounts are transferred to the appropriations~~  
23 ~~made in this division of this Act for the state mental~~  
24 ~~health institutes:~~

25 ~~a. Cherokee mental health institute . \$ 4,549,212~~

26 ~~b. Independence mental health institute~~

27 ~~..... \$ 4,522,947~~

28 12. a. Of the funds appropriated in this section,  
29 ~~\$2,041,939~~ \$3,000,000 is allocated for the state  
30 match for a disproportionate share hospital payment of  
31 ~~\$4,544,712~~ \$6,861,848 to hospitals that meet both of  
32 the conditions specified in subparagraphs (1) and (2).  
33 In addition, the hospitals that meet the conditions  
34 specified shall either certify public expenditures  
35 or transfer to the medical assistance program an

1 amount equal to provide the nonfederal share for a  
2 disproportionate share hospital payment of ~~\$8,772,003~~  
3 \$19,771,582. The hospitals that meet the conditions  
4 specified shall receive and retain 100 percent of  
5 the total disproportionate share hospital payment of  
6 ~~\$13,316,715~~ \$26,633,430.

7 (1) The hospital qualifies for disproportionate  
8 share and graduate medical education payments.

9 (2) The hospital is an Iowa state-owned hospital  
10 with more than 500 beds and eight or more distinct  
11 residency specialty or subspecialty programs recognized  
12 by the American college of graduate medical education.

13 b. Distribution of the disproportionate share  
14 payments shall be made on a monthly basis. The total  
15 amount of disproportionate share payments including  
16 graduate medical education, enhanced disproportionate  
17 share, and Iowa state-owned teaching hospital payments  
18 shall not exceed the amount of the state's allotment  
19 under Pub. L. No. 102-234. In addition, the total  
20 amount of all disproportionate share payments shall not  
21 exceed the hospital-specific disproportionate share  
22 limits under Pub. L. No. 103-66.

23 c. The university of Iowa hospitals and clinics  
24 shall either certify public expenditures or transfer  
25 to the appropriations made in this division of this  
26 Act for medical assistance an amount equal to provide  
27 the nonfederal share for increased medical assistance  
28 payments for inpatient and outpatient hospital services  
29 of ~~\$4,950,000~~ \$9,900,000. The university of Iowa  
30 hospitals and clinics shall receive and retain 100  
31 percent of the total increase in medical assistance  
32 payments.

33 d. Payment methodologies utilized for  
34 disproportionate share hospitals and graduate medical  
35 education, and other supplemental payments under

1 the Medicaid program may be adjusted or converted to  
2 other methodologies or payment types to provide these  
3 payments ~~through Medicaid managed care~~ after April 1,  
4 2016. The department of human services shall obtain  
5 approval from the centers for Medicare and Medicaid  
6 services of the United States department of health and  
7 human services prior to implementation of any such  
8 adjusted or converted methodologies or payment types.

9 13. One hundred percent of the nonfederal share of  
10 payments to area education agencies that are medical  
11 assistance providers for medical assistance-covered  
12 services provided to medical assistance-covered  
13 children, shall be made from the appropriation made in  
14 this section.

15 14. Any new or renewed contract entered into by the  
16 department with a third party to administer services  
17 under the medical assistance program shall provide  
18 that any interest earned on payments from the state  
19 during the state fiscal year shall be remitted to the  
20 department and treated as recoveries to offset the  
21 costs of the medical assistance program.

22 15. A portion of the funds appropriated in this  
23 section may be transferred to the appropriation in this  
24 division of this Act for medical contracts to be used  
25 for administrative activities associated with the money  
26 follows the person demonstration project.

27 16. Of the funds appropriated in this section,  
28 ~~\$174,505~~ \$349,011 shall be used for the administration  
29 of the health insurance premium payment program,  
30 including salaries, support, maintenance, and  
31 miscellaneous purposes.

32 17. a. The department may increase the amounts  
33 allocated for salaries, support, maintenance, and  
34 miscellaneous purposes associated with the medical  
35 assistance program, as necessary, to implement cost

1 containment strategies. The department shall report  
2 any such increase to the legislative services agency  
3 and the department of management.

4 b. If the savings to the medical assistance program  
5 from cost containment efforts exceed the cost for the  
6 fiscal year beginning July 1, 2016, the department may  
7 transfer any savings generated for the fiscal year due  
8 to medical assistance program cost containment efforts  
9 to the appropriation made in this division of this Act  
10 for medical contracts or general administration to  
11 defray the increased contract costs associated with  
12 implementing such efforts.

13 18. For the fiscal year beginning July 1, 2016,  
14 and ending June 30, 2017, the replacement generation  
15 tax revenues required to be deposited in the property  
16 tax relief fund pursuant to section 437A.8, subsection  
17 4, paragraph "d", and section 437A.15, subsection  
18 3, paragraph "f", shall instead be credited to and  
19 supplement the appropriation made in this section and  
20 used for the allocations made in this section.

21 ~~19. The department shall continue to administer the~~  
22 ~~state balancing incentive payments program as specified~~  
23 ~~in 2012 Iowa Acts, chapter 1133, section 14.~~

24 20. a. Of the funds appropriated in this section,  
25 up to ~~\$25,000~~ \$50,000 may be transferred by the  
26 department to the appropriation made in this division  
27 of this Act to the department for the same fiscal year  
28 for general administration to be used for associated  
29 administrative expenses and for not more than one  
30 full-time equivalent position, in addition to those  
31 authorized for the same fiscal year, to be assigned to  
32 implementing the children's mental health home project.

33 b. Of the funds appropriated in this section,  
34 up to ~~\$200,000~~ \$400,000 may be transferred by the  
35 department to the appropriation made to the department

1 in this division of this Act for the same fiscal year  
2 for Medicaid program-related general administration  
3 planning and implementation activities. The funds may  
4 be used for contracts or for personnel in addition  
5 to the amounts appropriated for and the positions  
6 authorized for general administration for the fiscal  
7 year.

8 c. Of the funds appropriated in this section,  
9 up to ~~\$1,500,000~~ \$3,000,000 may be transferred by  
10 the department to the appropriations made in this  
11 division of this Act for the same fiscal year for  
12 general administration or medical contracts to be  
13 used to support the development and implementation of  
14 standardized assessment tools for persons with mental  
15 illness, an intellectual disability, a developmental  
16 disability, or a brain injury.

17 21. Of the funds appropriated in this section,  
18 ~~\$125,000~~ \$250,000 shall be used for lodging expenses  
19 associated with care provided at the university of  
20 Iowa hospitals and clinics for patients with cancer  
21 whose travel distance is 30 miles or more and whose  
22 income is at or below 200 percent of the federal  
23 poverty level as defined by the most recently revised  
24 poverty income guidelines published by the United  
25 States department of health and human services. The  
26 department of human services shall establish the  
27 maximum number of overnight stays and the maximum rate  
28 reimbursed for overnight lodging, which may be based on  
29 the state employee rate established by the department  
30 of administrative services. The funds allocated in  
31 this subsection shall not be used as nonfederal share  
32 matching funds.

33 23. The department of human services shall not  
34 implement the following cost containment strategies  
35 as recommended by the governor for the fiscal year

1 beginning July 1, 2016:

2 a. A policy to ensure that reimbursement for  
3 Medicare Part A and Medicare Part B crossover claims is  
4 limited to the Medicaid reimbursement rate.

5 b. An adjustment to the reimbursement policy in  
6 order to end the primary care physician rate increase  
7 originally authorized by the federal Health Care and  
8 Education Reconciliation Act of 2010, section 1202,  
9 Pub. L. No. 111-152, 42 U.S.C. §1396a(a)(13)(C) that  
10 allows qualified primary care physicians to receive  
11 the greater of the Medicare rate or Medicaid rate for  
12 a specified set of codes.

13 24. The department shall report the implementation  
14 of any cost containment strategies to the individuals  
15 specified in this division of this Act for submission  
16 of reports upon implementation.

17 25. The department shall report the implementation  
18 of any improved processing changes and any related  
19 cost reductions to the individuals specified in this  
20 division of this Act for submission of reports upon  
21 implementation.

22 26. Of the funds appropriated in this section,  
23 \$2,000,000 shall be used to implement reductions in  
24 the waiting lists of all medical assistance home and  
25 community-based services waivers.

26 27. The department shall submit a report to the  
27 individuals identified in this Act for submission of  
28 reports, regarding the impact of changes in home and  
29 community-based services waiver supported employment  
30 and prevocational services by December 15, 2016.

31 28. Any dental benefit manager contracting with the  
32 department of human services for the dental wellness  
33 plan on or after July 1, 2016, shall meet the same  
34 contract requirements. Readiness review of such a  
35 dental benefit manager shall be based on the criteria

1 applicable to the dental wellness plan when implemented  
2 on May 1, 2014, including but not limited to network  
3 adequacy, access to services, performance measures,  
4 benefit design, and other requirements as determined by  
5 the department for the dental wellness program. Any  
6 dental benefit manager that has been approved by a  
7 readiness review prior to July 1, 2016, shall not be  
8 required to repeat such review for the department.

9     29. The department of human services shall review  
10 the fiscal impact and potential benefit to Medicaid  
11 recipients of including single-tablet regimens or  
12 long-acting alternatives for various drug categories  
13 on the preferred drug list, as an alternative to  
14 multi-tablet regimens for these same drug categories.  
15 The department shall pursue manufacturer supplemental  
16 rebate offers to determine if opportunities are  
17 available to align the cost of such single-tablet  
18 regimens with the corresponding multi-tablet regimens.  
19 The department shall submit the department's findings  
20 and recommendations to the individuals specified in  
21 this Act for submission of reports by December 15,  
22 2016.

23     Sec. 11. 2015 Iowa Acts, chapter 137, section 133,  
24 is amended to read as follows:

25     SEC. 133. MEDICAL CONTRACTS. There is appropriated  
26 from the general fund of the state to the department of  
27 human services for the fiscal year beginning July 1,  
28 2016, and ending June 30, 2017, the following amount,  
29 or so much thereof as is necessary, to be used for the  
30 purpose designated:

31     For medical contracts:

32 ..... \$ 9,806,982  
33 ..... 17,045,964

34     1. The department of inspections and appeals  
35 shall provide all state matching funds for survey and

1 certification activities performed by the department  
2 of inspections and appeals. The department of human  
3 services is solely responsible for distributing the  
4 federal matching funds for such activities.

5 2. Of the funds appropriated in this section,  
6 ~~\$25,000~~ \$50,000 shall be used for continuation of home  
7 and community-based services waiver quality assurance  
8 programs, including the review and streamlining of  
9 processes and policies related to oversight and quality  
10 management to meet state and federal requirements.

11 3. Of the amount appropriated in this section,  
12 up to ~~\$100,000~~ \$200,000 may be transferred to the  
13 appropriation for general administration in this  
14 division of this Act to be used for additional  
15 full-time equivalent positions in the development  
16 of key health initiatives such as cost containment,  
17 development and oversight of managed care programs,  
18 and development of health strategies targeted toward  
19 improved quality and reduced costs in the Medicaid  
20 program.

21 4. Of the funds appropriated in this section,  
22 ~~\$500,000~~ \$1,000,000 shall be used for planning and  
23 development, in cooperation with the department of  
24 public health, of a phased-in program to provide a  
25 dental home for children.

26 5. Of the funds appropriated in this section,  
27 ~~\$1,000,000~~ \$2,000,000 shall be credited to the autism  
28 support program fund created in section 225D.2 to be  
29 used for the autism support program created in chapter  
30 225D, with the exception of the following amounts of  
31 this allocation which shall be used as follows:

32 a. Of the funds allocated in this subsection,  
33 ~~\$125,000~~ \$250,000 shall be deposited in the  
34 board-certified behavior analyst and board-certified  
35 assistant behavior analyst grants program fund created



1 in [section 135.181](#), ~~as enacted in this Act~~, to be used  
2 for the purposes of the fund.

3     b. Of the funds allocated in this subsection,  
4 ~~\$12,500~~ \$25,000 shall be used for the public purpose  
5 of continuation of a grant to a child welfare services  
6 provider headquartered in a county with a population  
7 between 205,000 and 215,000 in the latest certified  
8 federal census that provides multiple services  
9 including but not limited to a psychiatric medical  
10 institution for children, shelter, residential  
11 treatment, after school programs, school-based  
12 programming, and an Asperger's syndrome program, to  
13 be used for support services for children with autism  
14 spectrum disorder and their families.

15     c. Of the funds allocated in this subsection,  
16 ~~\$12,500~~ \$25,000 shall be used for the public purpose  
17 of continuing a grant to a hospital-based provider  
18 headquartered in a county with a population between  
19 90,000 and 95,000 in the latest certified federal  
20 census that provides multiple services including but  
21 not limited to diagnostic, therapeutic, and behavioral  
22 services to individuals with autism spectrum disorder  
23 across one's lifespan. The grant recipient shall  
24 utilize the funds to continue the pilot project to  
25 determine the necessary support services for children  
26 with autism spectrum disorder and their families to  
27 be included in the children's disabilities services  
28 system. The grant recipient shall submit findings and  
29 recommendations based upon the results of the pilot  
30 project to the individuals specified in this division  
31 of this Act for submission of reports by December 31,  
32 ~~2015~~ 2016.

33     Sec. 12. 2015 Iowa Acts, chapter 137, section 134,  
34 is amended to read as follows:

35     SEC. 134. STATE SUPPLEMENTARY ASSISTANCE.

1 1. There is appropriated from the general fund of  
2 the state to the department of human services for the  
3 fiscal year beginning July 1, 2016, and ending June 30,  
4 2017, the following amount, or so much thereof as is  
5 necessary, to be used for the purpose designated:

6 For the state supplementary assistance program:

7 ..... \$ ~~6,498,593~~  
8 11,611,442

9 2. The department shall increase the personal needs  
10 allowance for residents of residential care facilities  
11 by the same percentage and at the same time as federal  
12 supplemental security income and federal social  
13 security benefits are increased due to a recognized  
14 increase in the cost of living. The department may  
15 adopt emergency rules to implement this subsection.

16 3. If during the fiscal year beginning July 1,  
17 2016, the department projects that state supplementary  
18 assistance expenditures for a calendar year will not  
19 meet the federal pass-through requirement specified  
20 in Tit. XVI of the federal Social Security Act,  
21 section 1618, as codified in 42 U.S.C. §1382g,  
22 the department may take actions including but not  
23 limited to increasing the personal needs allowance  
24 for residential care facility residents and making  
25 programmatic adjustments or upward adjustments of the  
26 residential care facility or in-home health-related  
27 care reimbursement rates prescribed in this division of  
28 this Act to ensure that federal requirements are met.  
29 In addition, the department may make other programmatic  
30 and rate adjustments necessary to remain within the  
31 amount appropriated in this section while ensuring  
32 compliance with federal requirements. The department  
33 may adopt emergency rules to implement the provisions  
34 of this subsection.

35 Sec. 13. 2015 Iowa Acts, chapter 137, section 135,

1 is amended to read as follows:

2 SEC. 135. CHILDREN'S HEALTH INSURANCE PROGRAM.

3 1. There is appropriated from the general fund of  
4 the state to the department of human services for the  
5 fiscal year beginning July 1, 2016, and ending June 30,  
6 2017, the following amount, or so much thereof as is  
7 necessary, to be used for the purpose designated:

8 For maintenance of the healthy and well kids in Iowa  
9 (hawk-i) program pursuant to [chapter 514I](#), including  
10 supplemental dental services, for receipt of federal  
11 financial participation under Tit. XXI of the federal  
12 Social Security Act, which creates the children's  
13 health insurance program:

14 ..... \$ ~~10,206,922~~  
15 9,176,652

16 2. Of the funds appropriated in this section,  
17 ~~\$21,400~~ \$42,800 is allocated for continuation of the  
18 contract for outreach with the department of public  
19 health.

20 Sec. 14. 2015 Iowa Acts, chapter 137, section 136,  
21 is amended to read as follows:

22 SEC. 136. CHILD CARE ASSISTANCE. There is  
23 appropriated from the general fund of the state to  
24 the department of human services for the fiscal year  
25 beginning July 1, 2016, and ending June 30, 2017, the  
26 following amount, or so much thereof as is necessary,  
27 to be used for the purpose designated:

28 For child care programs:

29 ..... \$ ~~25,704,334~~  
30 36,389,561

31 1. Of the funds appropriated in this section,  
32 ~~\$21,844,620~~ \$30,039,561 shall be used for state child  
33 care assistance in accordance with [section 237A.13](#).

34 2. Nothing in this section shall be construed or  
35 is intended as or shall imply a grant of entitlement

1 for services to persons who are eligible for assistance  
2 due to an income level consistent with the waiting  
3 list requirements of [section 237A.13](#). Any state  
4 obligation to provide services pursuant to this section  
5 is limited to the extent of the funds appropriated in  
6 this section.

7 ~~3. Of the funds appropriated in this section,~~  
8 ~~\$216,226 is allocated for the statewide grant program~~  
9 ~~for child care resource and referral services under~~  
10 ~~[section 237A.26](#).~~ A list of the registered and licensed  
11 child care facilities operating in the area served by a  
12 child care resource and referral service shall be made  
13 available to the families receiving state child care  
14 assistance in that area.

15 ~~4. Of the funds appropriated in this section,~~  
16 ~~\$468,487 is allocated for child care quality~~  
17 ~~improvement initiatives including but not limited to~~  
18 ~~the voluntary quality rating system in accordance with~~  
19 ~~[section 237A.30](#).~~

20 5. Of the funds appropriated in this section,  
21 ~~\$3,175,000~~ \$6,350,000 shall be credited to the  
22 early childhood programs grants account in the early  
23 childhood Iowa fund created in [section 256I.11](#).  
24 The moneys shall be distributed for funding of  
25 community-based early childhood programs targeted to  
26 children from birth through five years of age developed  
27 by early childhood Iowa areas in accordance with  
28 approved community plans as provided in [section 256I.8](#).

29 6. The department may use any of the funds  
30 appropriated in this section as a match to obtain  
31 federal funds for use in expanding child care  
32 assistance and related programs. For the purpose of  
33 expenditures of state and federal child care funding,  
34 funds shall be considered obligated at the time  
35 expenditures are projected or are allocated to the

1 department's service areas. Projections shall be based  
2 on current and projected caseload growth, current and  
3 projected provider rates, staffing requirements for  
4 eligibility determination and management of program  
5 requirements including data systems management,  
6 staffing requirements for administration of the  
7 program, contractual and grant obligations and any  
8 transfers to other state agencies, and obligations for  
9 decategorization or innovation projects.

10 7. A portion of the state match for the federal  
11 child care and development block grant shall be  
12 provided as necessary to meet federal matching  
13 funds requirements through the state general fund  
14 appropriation made for child development grants and  
15 other programs for at-risk children in [section 279.51](#).

16 8. If a uniform reduction ordered by the governor  
17 under [section 8.31](#) or other operation of law,  
18 transfer, or federal funding reduction reduces the  
19 appropriation made in this section for the fiscal year,  
20 the percentage reduction in the amount paid out to or  
21 on behalf of the families participating in the state  
22 child care assistance program shall be equal to or  
23 less than the percentage reduction made for any other  
24 purpose payable from the appropriation made in this  
25 section and the federal funding relating to it. The  
26 percentage reduction to the other allocations made in  
27 this section shall be the same as the uniform reduction  
28 ordered by the governor or the percentage change of the  
29 federal funding reduction, as applicable. If there is  
30 an unanticipated increase in federal funding provided  
31 for state child care assistance, the entire amount  
32 of the increase shall be used for state child care  
33 assistance payments. If the appropriations made for  
34 purposes of the state child care assistance program for  
35 the fiscal year are determined to be insufficient, it

1 is the intent of the general assembly to appropriate  
2 sufficient funding for the fiscal year in order to  
3 avoid establishment of waiting list requirements.

4 9. Notwithstanding [section 8.33](#), moneys advanced  
5 for purposes of the programs developed by early  
6 childhood Iowa areas, advanced for purposes of  
7 wraparound child care, or received from the federal  
8 appropriations made for the purposes of this section  
9 that remain unencumbered or unobligated at the close  
10 of the fiscal year shall not revert to any fund but  
11 shall remain available for expenditure for the purposes  
12 designated until the close of the succeeding fiscal  
13 year.

14 Sec. 15. 2015 Iowa Acts, chapter 137, section 137,  
15 is amended to read as follows:

16 SEC. 137. JUVENILE INSTITUTION. There is  
17 appropriated from the general fund of the state to  
18 the department of human services for the fiscal year  
19 beginning July 1, 2016, and ending June 30, 2017, the  
20 following amounts, or so much thereof as is necessary,  
21 to be used for the purposes designated:

22 1. For operation of the state training school at  
23 Eldora and for salaries, support, maintenance, and  
24 miscellaneous purposes, and for not more than the  
25 following full-time equivalent positions:

26 .....	\$	<del>6,116,710</del>
27 .....		<u>12,233,420</u>
28 .....	FTEs	169.30

29 Of the funds appropriated in this subsection,  
30 ~~\$45,575~~ \$91,150 shall be used for distribution  
31 to licensed classroom teachers at this and other  
32 institutions under the control of the department of  
33 human services based upon the average student yearly  
34 enrollment at each institution as determined by the  
35 department.

1       2. A portion of the moneys appropriated in this  
2 section shall be used by the state training school at  
3 Eldora for grants for adolescent pregnancy prevention  
4 activities at the institution in the fiscal year  
5 beginning July 1, 2016.

6       Sec. 16. 2015 Iowa Acts, chapter 137, section 138,  
7 is amended to read as follows:

8       SEC. 138. CHILD AND FAMILY SERVICES.

9       1. There is appropriated from the general fund of  
10 the state to the department of human services for the  
11 fiscal year beginning July 1, 2016, and ending June 30,  
12 2017, the following amount, or so much thereof as is  
13 necessary, to be used for the purpose designated:

14       For child and family services:

15 ..... \$ ~~42,670,969~~  
16 84,482,419

17       2. ~~Up to \$2,600,000 of Of~~ the amount of ~~federal~~  
18 ~~temporary assistance for needy families block grant~~  
19 ~~funding appropriated in this division of this Act for~~  
20 ~~child and family services section, \$5,200,000~~ shall be  
21 ~~made available~~ used for purposes of juvenile delinquent  
22 graduated sanction services.

23       3. The department may transfer funds appropriated  
24 in this section as necessary to pay the nonfederal  
25 costs of services reimbursed under the medical  
26 assistance program, state child care assistance  
27 program, or the family investment program which are  
28 provided to children who would otherwise receive  
29 services paid under the appropriation in this section.  
30 The department may transfer funds appropriated in this  
31 section to the appropriations made in this division  
32 of this Act for general administration and for field  
33 operations for resources necessary to implement and  
34 operate the services funded in this section.

35       4. a. Of the funds appropriated in this section,

1 up to ~~\$17,910,893~~ \$35,736,649 is allocated as the  
2 statewide expenditure target under [section 232.143](#)  
3 for group foster care maintenance and services. If  
4 the department projects that such expenditures for  
5 the fiscal year will be less than the target amount  
6 allocated in this paragraph "a", the department may  
7 reallocate the excess to provide additional funding for  
8 shelter care or the child welfare emergency services  
9 addressed with the allocation for shelter care.

10 b. If at any time after September 30, 2016,  
11 annualization of a service area's current expenditures  
12 indicates a service area is at risk of exceeding its  
13 group foster care expenditure target under section  
14 232.143 by more than 5 percent, the department and  
15 juvenile court services shall examine all group  
16 foster care placements in that service area in order  
17 to identify those which might be appropriate for  
18 termination. In addition, any aftercare services  
19 believed to be needed for the children whose  
20 placements may be terminated shall be identified. The  
21 department and juvenile court services shall initiate  
22 action to set dispositional review hearings for the  
23 placements identified. In such a dispositional review  
24 hearing, the juvenile court shall determine whether  
25 needed aftercare services are available and whether  
26 termination of the placement is in the best interest of  
27 the child and the community.

28 5. In accordance with the provisions of section  
29 232.188, the department shall continue the child  
30 welfare and juvenile justice funding initiative during  
31 fiscal year 2016-2017. Of the funds appropriated  
32 in this section, ~~\$858,876~~ \$1,717,753 is allocated  
33 specifically for expenditure for fiscal year 2016-2017  
34 through the decategorization services funding pools  
35 and governance boards established pursuant to section



1 232.188.

2 6. A portion of the funds appropriated in this  
3 section may be used for emergency family assistance  
4 to provide other resources required for a family  
5 participating in a family preservation or reunification  
6 project or successor project to stay together or to be  
7 reunified.

8 7. Notwithstanding [section 234.35](#) or any other  
9 provision of law to the contrary, state funding for  
10 shelter care and the child welfare emergency services  
11 contracting implemented to provide for or prevent the  
12 need for shelter care shall be limited to ~~\$4,034,237~~  
13 \$8,096,158.

14 8. Federal funds received by the state during  
15 the fiscal year beginning July 1, 2016, as the  
16 result of the expenditure of state funds appropriated  
17 during a previous state fiscal year for a service or  
18 activity funded under this section are appropriated  
19 to the department to be used as additional funding  
20 for services and purposes provided for under this  
21 section. Notwithstanding [section 8.33](#), moneys  
22 received in accordance with this subsection that remain  
23 unencumbered or unobligated at the close of the fiscal  
24 year shall not revert to any fund but shall remain  
25 available for the purposes designated until the close  
26 of the succeeding fiscal year.

27 9. a. Of the funds appropriated in this section,  
28 up to ~~\$1,645,000~~ \$3,290,000 is allocated for the  
29 payment of the expenses of court-ordered services  
30 provided to juveniles who are under the supervision of  
31 juvenile court services, which expenses are a charge  
32 upon the state pursuant to section 232.141, subsection  
33 4. Of the amount allocated in this paragraph "a",  
34 up to ~~\$778,143~~ \$1,556,287 shall be made available  
35 to provide school-based supervision of children

1 adjudicated under [chapter 232](#), of which not more than  
2 ~~\$7,500~~ \$15,000 may be used for the purpose of training.  
3 A portion of the cost of each school-based liaison  
4 officer shall be paid by the school district or other  
5 funding source as approved by the chief juvenile court  
6 officer.

7     b. Of the funds appropriated in this section, up to  
8 ~~\$374,492~~ \$748,985 is allocated for the payment of the  
9 expenses of court-ordered services provided to children  
10 who are under the supervision of the department,  
11 which expenses are a charge upon the state pursuant to  
12 section 232.141, subsection 4.

13     c. Notwithstanding [section 232.141](#) or any other  
14 provision of law to the contrary, the amounts allocated  
15 in this subsection shall be distributed to the  
16 judicial districts as determined by the state court  
17 administrator and to the department's service areas  
18 as determined by the administrator of the department  
19 of human services' division of child and family  
20 services. The state court administrator and the  
21 division administrator shall make the determination of  
22 the distribution amounts on or before June 15, 2016.

23     d. Notwithstanding [chapter 232](#) or any other  
24 provision of law to the contrary, a district or  
25 juvenile court shall not order any service which is  
26 a charge upon the state pursuant to [section 232.141](#)  
27 if there are insufficient court-ordered services  
28 funds available in the district court or departmental  
29 service area distribution amounts to pay for the  
30 service. The chief juvenile court officer and the  
31 departmental service area manager shall encourage use  
32 of the funds allocated in this subsection such that  
33 there are sufficient funds to pay for all court-related  
34 services during the entire year. The chief juvenile  
35 court officers and departmental service area managers

1 shall attempt to anticipate potential surpluses and  
2 shortfalls in the distribution amounts and shall  
3 cooperatively request the state court administrator  
4 or division administrator to transfer funds between  
5 the judicial districts' or departmental service areas'  
6 distribution amounts as prudent.

7 e. Notwithstanding any provision of law to the  
8 contrary, a district or juvenile court shall not order  
9 a county to pay for any service provided to a juvenile  
10 pursuant to an order entered under [chapter 232](#) which  
11 is a charge upon the state under section 232.141,  
12 subsection 4.

13 f. Of the funds allocated in this subsection, not  
14 more than ~~\$41,500~~ \$83,000 may be used by the judicial  
15 branch for administration of the requirements under  
16 this subsection.

17 g. Of the funds allocated in this subsection,  
18 ~~\$8,500~~ \$17,000 shall be used by the department of human  
19 services to support the interstate commission for  
20 juveniles in accordance with the interstate compact for  
21 juveniles as provided in [section 232.173](#).

22 10. Of the funds appropriated in this section,  
23 ~~\$4,026,613~~ \$8,053,227 is allocated for juvenile  
24 delinquent graduated sanctions services. Any state  
25 funds saved as a result of efforts by juvenile court  
26 services to earn a federal Tit. IV-E match for juvenile  
27 court services administration may be used for the  
28 juvenile delinquent graduated sanctions services.

29 11. Of the funds appropriated in this section,  
30 ~~\$804,142~~ \$1,658,285 is transferred to the department  
31 of public health to be used for the child protection  
32 center grant program for child protection centers  
33 located in Iowa in accordance with [section 135.118](#).  
34 The grant amounts under the program shall be equalized  
35 so that each center receives a uniform base amount

1 of ~~\$122,500~~ \$245,000, so that \$50,000 is awarded to  
2 establish a satellite child protection center in a  
3 city in north central Iowa that is the county seat of  
4 a county with a population between 44,000 and 45,000  
5 according to the 2010 federal decennial census, and so  
6 that the remaining funds shall be are awarded through  
7 a funding formula based upon the volume of children  
8 served.

9 12. If the department receives federal approval  
10 to implement a waiver under Tit. IV-E of the federal  
11 Social Security Act to enable providers to serve  
12 children who remain in the children's families and  
13 communities, for purposes of eligibility under the  
14 medical assistance program through 25 years of age,  
15 children who participate in the waiver shall be  
16 considered to be placed in foster care.

17 13. Of the funds appropriated in this section,  
18 ~~\$2,012,583~~ \$4,025,167 is allocated for the preparation  
19 for adult living program pursuant to [section 234.46](#).

20 14. Of the funds appropriated in this section,  
21 ~~\$113,668~~ \$227,337 shall be used for the public purpose  
22 of continuing a grant to a nonprofit human services  
23 organization providing services to individuals and  
24 families in multiple locations in southwest Iowa and  
25 Nebraska for support of a project providing immediate,  
26 sensitive support and forensic interviews, medical  
27 exams, needs assessments, and referrals for victims of  
28 child abuse and their nonoffending family members.

29 15. Of the funds appropriated in this section,  
30 ~~\$150,310~~ \$300,620 is allocated for the foster care  
31 youth council approach of providing a support network  
32 to children placed in foster care.

33 16. Of the funds appropriated in this section,  
34 ~~\$101,000~~ \$202,000 is allocated for use pursuant to  
35 section 235A.1 for continuation of the initiative to

1 address child sexual abuse implemented pursuant to 2007  
2 Iowa Acts, chapter 218, section 18, subsection 21.

3 17. Of the funds appropriated in this section,  
4 ~~\$315,120~~ \$630,240 is allocated for the community  
5 partnership for child protection sites.

6 18. Of the funds appropriated in this section,  
7 ~~\$185,625~~ \$371,250 is allocated for the department's  
8 minority youth and family projects under the redesign  
9 of the child welfare system.

10 19. Of the funds appropriated in this section,  
11 ~~\$593,297~~ \$1,186,595 is allocated for funding of the  
12 community circle of care collaboration for children and  
13 youth in northeast Iowa.

14 20. Of the funds appropriated in this section,  
15 at least ~~\$73,579~~ \$147,158 shall be used for the  
16 continuation of the child welfare provider training  
17 academy, a collaboration between the coalition  
18 for family and children's services in Iowa and the  
19 department.

20 21. Of the funds appropriated in this section,  
21 ~~\$105,936~~ \$211,872 shall be used for continuation of the  
22 central Iowa system of care program grant through June  
23 30, 2017.

24 22. Of the funds appropriated in this section,  
25 ~~\$117,500~~ \$235,000 shall be used for the public  
26 purpose of the continuation and expansion of a system  
27 of care program grant implemented in Cerro Gordo  
28 and Linn counties to utilize a comprehensive and  
29 long-term approach for helping children and families by  
30 addressing the key areas in a child's life of childhood  
31 basic needs, education and work, family, and community.

32 23. Of the funds appropriated in this section, at  
33 least ~~\$12,500~~ \$25,000 shall be used to continue and  
34 to expand the foster care respite pilot program in  
35 which postsecondary students in social work and other

1 human services-related programs receive experience by  
2 assisting family foster care providers with respite and  
3 other support.

4 24. Of the funds appropriated in this section,  
5 ~~\$55,000~~ \$110,000 shall be used for the public purpose  
6 of funding community-based services and other supports  
7 with a system of care approach for children with a  
8 serious emotional disturbance and their families  
9 through a nonprofit provider of child welfare services  
10 that has been in existence for more than 115 years,  
11 is located in a county with a population of more  
12 than 200,000 but less than 220,000 according to the  
13 latest census information issued by the United States  
14 census bureau, is licensed as a psychiatric medical  
15 institution for children, and was a system of care  
16 grantee prior to July 1, 2016.

17 Sec. 17. 2015 Iowa Acts, chapter 137, section 139,  
18 is amended to read as follows:

19 SEC. 139. ADOPTION SUBSIDY.

20 1. There is appropriated from the general fund of  
21 the state to the department of human services for the  
22 fiscal year beginning July 1, 2016, and ending June 30,  
23 2017, the following amount, or so much thereof as is  
24 necessary, to be used for the purpose designated:

25 a. For adoption subsidy payments and services:

26 ..... \$ ~~21,499,143~~  
27 43,046,664

28 b. (1) The funds appropriated in this section  
29 shall be used as authorized or allowed by federal law  
30 or regulation for any of the following purposes:

31 (a) For adoption subsidy payments and related  
32 costs.

33 (b) For post-adoption services and for other  
34 purposes under Tit. IV-B or Tit. IV-E of the federal  
35 Social Security Act.

1     (2) The department of human services may transfer  
2 funds appropriated in this subsection to the  
3 appropriation for child and family services in this Act  
4 for the purposes of post-adoption services as specified  
5 in this paragraph "b".

6     2. The department may transfer funds appropriated  
7 in this section to the appropriation made in this  
8 division of this Act for general administration for  
9 costs paid from the appropriation relating to adoption  
10 subsidy.

11     3. Federal funds received by the state during the  
12 fiscal year beginning July 1, 2016, as the result of  
13 the expenditure of state funds during a previous state  
14 fiscal year for a service or activity funded under  
15 this section are appropriated to the department to  
16 be used as additional funding for the services and  
17 activities funded under this section. Notwithstanding  
18 section 8.33, moneys received in accordance with this  
19 subsection that remain unencumbered or unobligated at  
20 the close of the fiscal year shall not revert to any  
21 fund but shall remain available for expenditure for the  
22 purposes designated until the close of the succeeding  
23 fiscal year.

24     Sec. 18. 2015 Iowa Acts, chapter 137, section 141,  
25 is amended to read as follows:

26     SEC. 141. FAMILY SUPPORT SUBSIDY PROGRAM.

27     1. There is appropriated from the general fund of  
28 the state to the department of human services for the  
29 fiscal year beginning July 1, 2016, and ending June 30,  
30 2017, the following amount, or so much thereof as is  
31 necessary, to be used for the purpose designated:

32     For the family support subsidy program subject  
33 to the enrollment restrictions in section 225C.37,  
34 subsection 3:

35 ..... \$     ~~536,966~~

1 1,069,282

2     2. ~~The department shall use at~~At least \$320,750

3 \$727,500 of the moneys appropriated in this section is

4 transferred to the department of public health for the

5 family support center component of the comprehensive

6 family support program under ~~section 225C.47~~ chapter

7 225C, subchapter V. ~~Not more than \$12,500 of the~~

8 ~~amount allocated in this subsection shall be used for~~

9 ~~administrative costs.~~ The department of human services

10 shall submit a report to the individuals identified

11 in this Act for submission of reports by December

12 15, 2016, regarding the outcomes of the program and

13 recommendations for future program improvement.

14     3. If at any time during the fiscal year, the

15 amount of funding available for the family support

16 subsidy program is reduced from the amount initially

17 used to establish the figure for the number of family

18 members for whom a subsidy is to be provided at any one

19 time during the fiscal year, notwithstanding section

20 225C.38, subsection 2, the department shall revise the

21 figure as necessary to conform to the amount of funding

22 available.

23     Sec. 19. 2015 Iowa Acts, chapter 137, section 142,

24 is amended to read as follows:

25     SEC. 142. CONNER DECREE. There is appropriated

26 from the general fund of the state to the department of

27 human services for the fiscal year beginning July 1,

28 2016, and ending June 30, 2017, the following amount,

29 or so much thereof as is necessary, to be used for the

30 purpose designated:

31     For building community capacity through the

32 coordination and provision of training opportunities

33 in accordance with the consent decree of Conner v.

34 Branstad, No. 4-86-CV-30871(S.D. Iowa, July 14, 1994):

35 ..... \$ ~~16,816~~



1 33,632

2     Sec. 20. 2015 Iowa Acts, chapter 137, section 143,  
3 is amended to read as follows:

4     SEC. 143. MENTAL HEALTH INSTITUTES. There is  
5 appropriated from the general fund of the state to  
6 the department of human services for the fiscal year  
7 beginning July 1, 2016, and ending June 30, 2017, the  
8 following amounts, or so much thereof as is necessary,  
9 to be used for the purposes designated ~~which amounts~~  
10 ~~shall not be transferred or expended for any purpose~~  
11 ~~other than the purposes designated, notwithstanding~~  
12 ~~section 218.6 to the contrary:~~

13     1. For operation of the state mental health  
14 institute at Cherokee as required by chapters 218  
15 and 226 for salaries, support, maintenance, and  
16 miscellaneous purposes, and for not more than the  
17 following full-time equivalent positions:

18 ..... \$ ~~2,772,808~~  
19 14,644,041  
20 ..... FTEs 169.20

21     2. For operation of the state mental health  
22 institute at Independence as required by chapters  
23 218 and 226 for salaries, support, maintenance, and  
24 miscellaneous purposes, and for not more than the  
25 following full-time equivalent positions:

26 ..... \$ ~~5,162,104~~  
27 18,552,103  
28 ..... FTEs 233.00

29     Sec. 21. 2015 Iowa Acts, chapter 137, section 144,  
30 is amended to read as follows:

31     SEC. 144. STATE RESOURCE CENTERS.

32     1. There is appropriated from the general fund of  
33 the state to the department of human services for the  
34 fiscal year beginning July 1, 2016, and ending June 30,  
35 2017, the following amounts, or so much thereof as is

1 necessary, to be used for the purposes designated:

2 a. For the state resource center at Glenwood for  
3 salaries, support, maintenance, and miscellaneous  
4 purposes:

5 ..... \$ ~~10,762,241~~  
6 20,719,486

7 b. For the state resource center at Woodward for  
8 salaries, support, maintenance, and miscellaneous  
9 purposes:

10 ..... \$ ~~7,291,903~~  
11 14,053,011

12 2. The department may continue to bill for state  
13 resource center services utilizing a scope of services  
14 approach used for private providers of intermediate  
15 care facilities for persons with an intellectual  
16 disability services, in a manner which does not shift  
17 costs between the medical assistance program, counties,  
18 or other sources of funding for the state resource  
19 centers.

20 3. The state resource centers may expand the  
21 time-limited assessment and respite services during the  
22 fiscal year.

23 4. If the department's administration and the  
24 department of management concur with a finding by a  
25 state resource center's superintendent that projected  
26 revenues can reasonably be expected to pay the salary  
27 and support costs for a new employee position, or  
28 that such costs for adding a particular number of new  
29 positions for the fiscal year would be less than the  
30 overtime costs if new positions would not be added, the  
31 superintendent may add the new position or positions.  
32 If the vacant positions available to a resource center  
33 do not include the position classification desired to  
34 be filled, the state resource center's superintendent  
35 may reclassify any vacant position as necessary to

1 fill the desired position. The superintendents of the  
2 state resource centers may, by mutual agreement, pool  
3 vacant positions and position classifications during  
4 the course of the fiscal year in order to assist one  
5 another in filling necessary positions.

6 5. If existing capacity limitations are reached  
7 in operating units, a waiting list is in effect  
8 for a service or a special need for which a payment  
9 source or other funding is available for the service  
10 or to address the special need, and facilities for  
11 the service or to address the special need can be  
12 provided within the available payment source or other  
13 funding, the superintendent of a state resource center  
14 may authorize opening not more than two units or  
15 other facilities and begin implementing the service  
16 or addressing the special need during fiscal year  
17 2016-2017.

18 Sec. 22. 2015 Iowa Acts, chapter 137, section 145,  
19 is amended to read as follows:

20 SEC. 145. SEXUALLY VIOLENT PREDATORS.

21 1. There is appropriated from the general fund of  
22 the state to the department of human services for the  
23 fiscal year beginning July 1, 2016, and ending June 30,  
24 2017, the following amount, or so much thereof as is  
25 necessary, to be used for the purpose designated:

26 For costs associated with the commitment and  
27 treatment of sexually violent predators in the unit  
28 located at the state mental health institute at  
29 Cherokee, including costs of legal services and  
30 other associated costs, including salaries, support,  
31 maintenance, and miscellaneous purposes, and for not  
32 more than the following full-time equivalent positions:  
33 ..... \$ ~~4,946,539~~  
34 ..... 10,193,079  
35 ..... FTEs 132.50

1       2. Unless specifically prohibited by law, if the  
2 amount charged provides for recoupment of at least  
3 the entire amount of direct and indirect costs, the  
4 department of human services may contract with other  
5 states to provide care and treatment of persons placed  
6 by the other states at the unit for sexually violent  
7 predators at Cherokee. The moneys received under such  
8 a contract shall be considered to be repayment receipts  
9 and used for the purposes of the appropriation made in  
10 this section.

11       Sec. 23. 2015 Iowa Acts, chapter 137, section 146,  
12 is amended to read as follows:

13       SEC. 146. FIELD OPERATIONS. There is appropriated  
14 from the general fund of the state to the department of  
15 human services for the fiscal year beginning July 1,  
16 2016, and ending June 30, 2017, the following amount,  
17 or so much thereof as is necessary, to be used for the  
18 purposes designated:

19       For field operations, including salaries, support,  
20 maintenance, and miscellaneous purposes, and for not  
21 more than the following full-time equivalent positions:  
22 ..... \$ ~~29,460,488~~  
23 ..... 54,442,877  
24 ..... FTEs   1,837.00

25       2. Priority in filling full-time equivalent  
26 positions shall be given to those positions related to  
27 child protection services and eligibility determination  
28 for low-income families.

29       Sec. 24. 2015 Iowa Acts, chapter 137, section 147,  
30 is amended to read as follows:

31       SEC. 147. GENERAL ADMINISTRATION. There is  
32 appropriated from the general fund of the state to  
33 the department of human services for the fiscal year  
34 beginning July 1, 2016, and ending June 30, 2017, the  
35 following amount, or so much thereof as is necessary,

1 to be used for the purpose designated:

2 For general administration, including salaries,  
3 support, maintenance, and miscellaneous purposes, and  
4 for not more than the following full-time equivalent  
5 positions:

6 .....	\$	7,449,099
7		<u>15,673,198</u>
8 .....	FTEs	309.00

9 2. Of the funds appropriated in this section,  
10 ~~\$75,000~~ \$150,000 shall be used to continue the contract  
11 for the provision of a program to provide technical  
12 assistance, support, and consultation to providers of  
13 habilitation services and home and community-based  
14 services waiver services for adults with disabilities  
15 under the medical assistance program.

16 3. Of the funds appropriated in this section,  
17 ~~\$25,000~~ \$50,000 is transferred to the Iowa finance  
18 authority to be used for administrative support of the  
19 council on homelessness established in [section 16.2D](#)  
20 and for the council to fulfill its duties in addressing  
21 and reducing homelessness in the state.

22 4. Of the funds appropriated in this section,  
23 ~~\$125,000~~ \$250,000 shall be transferred to and deposited  
24 in the administrative fund of the Iowa ABLE savings  
25 plan trust created in [section 12I.4](#), ~~if enacted in this~~  
26 ~~or any other Act,~~ to be used for implementation and  
27 administration activities of the Iowa ABLE savings plan  
28 trust.

29 5. Of the funds appropriated in this section,  
30 \$300,000 shall be used to contract for planning grants  
31 for the development and implementation of children's  
32 mental health crisis services as provided in this Act.

33 6. Of the funds appropriated in this section,  
34 \$200,000 shall be used to continue to expand the  
35 provision of nationally accredited and recognized

1 internet-based training to include mental health and  
2 disability services providers.

3     7. Of the funds appropriated in this section,  
4 \$300,000 is transferred to the economic development  
5 authority for the Iowa commission on volunteer services  
6 to be used for RefugeeRISE AmeriCorps program member  
7 recruitment and training to improve the economic  
8 well-being and health of economically disadvantaged  
9 refugees in local communities across Iowa. Funds  
10 transferred may be used to supplement federal funds  
11 under federal regulations.

12     Sec. 25. 2015 Iowa Acts, chapter 137, is amended by  
13 adding the following new section:

14     NEW SECTION. SEC. 147A. DEPARTMENT-WIDE  
15 DUTIES. There is appropriated from the general fund of  
16 the state to the department of human services for the  
17 fiscal year beginning July 1, 2016, and ending June 30,  
18 2017, the following amount, or so much thereof as is  
19 necessary, to be used for the purposes designated:

20     For salaries, support, maintenance, and  
21 miscellaneous purposes at facilities under the purview  
22 of the department of human services:

23 ..... \$ 2,879,274

24     Sec. 26. 2015 Iowa Acts, chapter 137, section 148,  
25 is amended to read as follows:

26     SEC. 148. VOLUNTEERS. There is appropriated from  
27 the general fund of the state to the department of  
28 human services for the fiscal year beginning July 1,  
29 2016, and ending June 30, 2017, the following amount,  
30 or so much thereof as is necessary, to be used for the  
31 purpose designated:

32     For development and coordination of volunteer  
33 services:

34 ..... \$ ~~42,343~~  
35 84,686

1     Sec. 27. 2015 Iowa Acts, chapter 137, section 149,  
2 is amended to read as follows:

3     SEC. 149. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY  
4 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED  
5 UNDER THE DEPARTMENT OF HUMAN SERVICES.

6     1. a. ~~(1) For the fiscal year beginning July 1,~~  
7 ~~2016, the total state funding amount for the nursing~~  
8 ~~facility budget shall not exceed \$151,421,458.~~

9     ~~(2) The department, in cooperation with nursing~~  
10 ~~facility representatives, shall review projections for~~  
11 ~~state funding expenditures for reimbursement of nursing~~  
12 ~~facilities on a quarterly basis and the department~~  
13 ~~shall determine if an adjustment to the medical~~  
14 ~~assistance reimbursement rate is necessary in order to~~  
15 ~~provide reimbursement within the state funding amount~~  
16 ~~for the fiscal year. Notwithstanding 2001 Iowa Acts,~~  
17 ~~chapter 192, section 4, subsection 2, paragraph "c",~~  
18 ~~and subsection 3, paragraph "a", subparagraph (2), if~~  
19 ~~the state funding expenditures for the nursing facility~~  
20 ~~budget for the fiscal year are projected to exceed the~~  
21 ~~amount specified in subparagraph (1), the department~~  
22 ~~shall adjust the reimbursement for nursing facilities~~  
23 ~~reimbursed under the case-mix reimbursement system to~~  
24 ~~maintain expenditures of the nursing facility budget~~  
25 ~~within the specified amount for the fiscal year.~~

26     (3) (a) For the fiscal year beginning July 1,  
27 2016, case-mix, non-case mix, and special population  
28 nursing facilities shall be reimbursed in accordance  
29 with the methodology in effect on June 30, 2016.

30     (b) For managed care claims, the department of  
31 human services shall adjust the payment rate floor for  
32 nursing facilities every six months, on July 1 and  
33 January 1, to maintain a rate floor that is no lower  
34 than the Medicaid fee-for-service case-mix adjusted  
35 rate calculated in accordance with 441 IAC 81.6. The

1 department shall then calculate adjusted reimbursement  
2 rates, including but not limited to add-on-payments,  
3 for each six-month period, and shall notify  
4 Medicaid managed care organizations of the adjusted  
5 reimbursement rates within 30 days of determining  
6 the adjusted reimbursement rates. Any adjustment of  
7 reimbursement rates under this subparagraph division  
8 shall be budget neutral to the state budget.

9 (4) For any open or unsettled nursing facility  
10 cost report for a fiscal year prior to and including  
11 the fiscal year beginning July 1, 2015, including any  
12 cost report remanded on judicial review for inclusion  
13 of prescription drug, laboratory, or x-ray costs, the  
14 department shall offset all reported prescription drug,  
15 laboratory, and x-ray costs with any revenue received  
16 from Medicare or other revenue source for any purpose.  
17 For purposes of this subparagraph, a nursing facility  
18 cost report is not considered open or unsettled if the  
19 facility did not initiate an administrative appeal  
20 under [chapter 17A](#) or if any appeal rights initiated  
21 have been exhausted.

22 b. (1) For the fiscal year beginning July 1, 2016,  
23 the department shall establish the pharmacy dispensing  
24 fee reimbursement at \$11.73 per prescription, until a  
25 cost of dispensing survey is completed. The actual  
26 dispensing fee shall be determined by a cost of  
27 dispensing survey performed by the department and  
28 required to be completed by all medical assistance  
29 program participating pharmacies every two years,  
30 adjusted as necessary to maintain expenditures within  
31 the amount appropriated to the department for this  
32 purpose for the fiscal year.

33 (2) The department shall utilize an average  
34 acquisition cost reimbursement methodology for all  
35 drugs covered under the medical assistance program in



1 accordance with 2012 Iowa Acts, chapter 1133, section  
2 33.

3 (3) Notwithstanding subparagraph (2), if the  
4 centers for Medicare and Medicaid services of the  
5 United States department of health and human services  
6 (CMS) requires, as a condition of federal Medicaid  
7 funding, that the department implement an aggregate  
8 federal upper limit (FUL) for drug reimbursement  
9 based on the average manufacturer's price (AMP), the  
10 department may utilize a reimbursement methodology for  
11 all drugs covered under the Medicaid program based on  
12 the national average drug acquisition cost (NADAC)  
13 methodology published by CMS, in order to assure  
14 compliance with the aggregate FUL, minimize outcomes  
15 of drug reimbursements below pharmacy acquisition  
16 costs, limit administrative costs, and minimize any  
17 change in the aggregate reimbursement for drugs. The  
18 department may adopt emergency rules to implement this  
19 subparagraph.

20 c. (1) For the fiscal year beginning July 1, 2016,  
21 reimbursement rates for outpatient hospital services  
22 shall remain at the rates in effect on June 30, 2016,  
23 subject to Medicaid program upper payment limit rules,  
24 and adjusted as necessary to maintain expenditures  
25 within the amount appropriated to the department for  
26 this purpose for the fiscal year.

27 (2) For the fiscal year beginning July 1, 2016,  
28 reimbursement rates for inpatient hospital services  
29 shall remain at the rates in effect on June 30, 2016,  
30 subject to Medicaid program upper payment limit rules,  
31 and adjusted as necessary to maintain expenditures  
32 within the amount appropriated to the department for  
33 this purpose for the fiscal year.

34 (3) For the fiscal year beginning July 1, 2016,  
35 the graduate medical education and disproportionate

1 share hospital fund shall remain at the amount in  
2 effect on June 30, 2016, except that the portion of  
3 the fund attributable to graduate medical education  
4 shall be reduced in an amount that reflects the  
5 elimination of graduate medical education payments made  
6 to out-of-state hospitals.

7 (4) In order to ensure the efficient use of limited  
8 state funds in procuring health care services for  
9 low-income Iowans, funds appropriated in this Act for  
10 hospital services shall not be used for activities  
11 which would be excluded from a determination of  
12 reasonable costs under the federal Medicare program  
13 pursuant to 42 U.S.C. §1395x(v)(1)(N).

14 d. For the fiscal year beginning July 1, 2016,  
15 reimbursement rates for ~~rural health clinics~~, hospices,  
16 and acute mental hospitals shall be increased in  
17 accordance with increases under the federal Medicare  
18 program or as supported by their Medicare audited  
19 costs.

20 e. For the fiscal year beginning July 1, 2016,  
21 independent laboratories and rehabilitation agencies  
22 shall be reimbursed using the same methodology in  
23 effect on June 30, 2016.

24 f. (1) For the fiscal year beginning July 1, 2016,  
25 reimbursement rates for home health agencies shall  
26 continue to be based on the Medicare low utilization  
27 payment adjustment (LUPA) methodology with state  
28 geographic wage adjustments, and ~~updated to reflect~~  
29 ~~the most recent Medicare LUPA rates~~ shall be adjusted  
30 to increase the rates to the extent possible within  
31 the \$1,000,000 of state funding appropriated for this  
32 purpose. The department shall continue to update  
33 the rates every two years to reflect the most recent  
34 Medicare LUPA rates.

35 (2) For the fiscal year beginning July 1, 2016,

1 rates for private duty nursing and personal care  
2 services under the early and periodic screening,  
3 diagnostic, and treatment program benefit shall be  
4 calculated based on the methodology in effect on June  
5 30, 2016.

6 g. For the fiscal year beginning July 1, 2016,  
7 federally qualified health centers and rural health  
8 clinics shall receive cost-based reimbursement for 100  
9 percent of the reasonable costs for the provision of  
10 services to recipients of medical assistance.

11 h. For the fiscal year beginning July 1, 2016, the  
12 reimbursement rates for dental services shall remain at  
13 the rates in effect on June 30, 2016.

14 i. (1) For the fiscal year beginning July 1,  
15 2016, state-owned psychiatric medical institutions  
16 for children shall receive cost-based reimbursement  
17 for 100 percent of the actual and allowable costs for  
18 the provision of services to recipients of medical  
19 assistance.

20 (2) For the nonstate-owned psychiatric medical  
21 institutions for children, reimbursement rates shall be  
22 based on the reimbursement methodology ~~developed by the~~  
23 ~~Medicaid managed care contractor for behavioral health~~  
24 ~~services as required for federal compliance~~ in effect  
25 on June 30, 2016.

26 (3) As a condition of participation in the medical  
27 assistance program, enrolled providers shall accept the  
28 medical assistance reimbursement rate for any covered  
29 goods or services provided to recipients of medical  
30 assistance who are children under the custody of a  
31 psychiatric medical institution for children.

32 j. For the fiscal year beginning July 1,  
33 2016, unless otherwise specified in this Act,  
34 all noninstitutional medical assistance provider  
35 reimbursement rates shall remain at the rates in effect

1 on June 30, 2016, except for area education agencies,  
2 local education agencies, infant and toddler services  
3 providers, home and community-based services providers  
4 including consumer-directed attendant care providers  
5 under a section 1915(c) or 1915(i) waiver, targeted  
6 case management providers, and those providers whose  
7 rates are required to be determined pursuant to section  
8 249A.20.

9 k. Notwithstanding any provision to the contrary,  
10 for the fiscal year beginning July 1, 2016, the  
11 reimbursement rate for anesthesiologists shall remain  
12 at the rate in effect on June 30, 2016.

13 l. Notwithstanding [section 249A.20](#), for the fiscal  
14 year beginning July 1, 2016, the average reimbursement  
15 rate for health care providers eligible for use of the  
16 federal Medicare resource-based relative value scale  
17 reimbursement methodology under [section 249A.20](#) shall  
18 remain at the rate in effect on June 30, 2016; however,  
19 this rate shall not exceed the maximum level authorized  
20 by the federal government.

21 m. For the fiscal year beginning July 1, 2016, the  
22 reimbursement rate for residential care facilities  
23 shall not be less than the minimum payment level as  
24 established by the federal government to meet the  
25 federally mandated maintenance of effort requirement.  
26 The flat reimbursement rate for facilities electing not  
27 to file annual cost reports shall not be less than the  
28 minimum payment level as established by the federal  
29 government to meet the federally mandated maintenance  
30 of effort requirement.

31 n. For the fiscal year beginning July 1, 2016,  
32 the reimbursement rates for inpatient mental health  
33 services provided at hospitals shall remain at the  
34 rates in effect on June 30, 2016, subject to Medicaid  
35 program upper payment limit rules; and psychiatrists

1 shall be reimbursed at the medical assistance program  
2 fee-for-service rate in effect on June 30, 2016.

3 o. For the fiscal year beginning July 1, 2016,  
4 community mental health centers may choose to be  
5 reimbursed for the services provided to recipients of  
6 medical assistance through either of the following  
7 options:

8 (1) For 100 percent of the reasonable costs of the  
9 services.

10 (2) In accordance with the alternative  
11 reimbursement rate methodology ~~established by the~~  
12 ~~medical assistance program's managed care contractor~~  
13 ~~for mental health services and approved by the~~  
14 department of human services in effect on June 30,  
15 2016.

16 p. For the fiscal year beginning July 1, 2016, the  
17 reimbursement rate for providers of family planning  
18 services that are eligible to receive a 90 percent  
19 federal match shall remain at the rates in effect on  
20 June 30, 2016.

21 q. For the fiscal year beginning July 1, 2016, the  
22 upper limits ~~on~~ and reimbursement rates for providers  
23 of home and community-based services waiver services  
24 ~~shall remain at the limits in effect on June 30,~~  
25 ~~2016~~ for which the rate floor is based on the average  
26 aggregate reimbursement rate for the fiscal year  
27 beginning July 1, 2014, shall be determined as follows:

28 (1) For fee-for-service claims, the reimbursement  
29 rate shall be increased by 1 percent over the rates in  
30 effect on June 30, 2016.

31 (2) For managed care claims, the reimbursement rate  
32 floor shall be increased by 1 percent over the rate  
33 floor in effect on April 1, 2016.

34 r. For the fiscal year beginning July 1, 2016,  
35 the reimbursement rates for emergency medical service

1 providers shall remain at the rates in effect on June  
2 30, 2016.

3 2. For the fiscal year beginning July 1, 2016, the  
4 reimbursement rate for providers reimbursed under the  
5 in-home-related care program shall not be less than the  
6 minimum payment level as established by the federal  
7 government to meet the federally mandated maintenance  
8 of effort requirement.

9 3. Unless otherwise directed in this section, when  
10 the department's reimbursement methodology for any  
11 provider reimbursed in accordance with this section  
12 includes an inflation factor, this factor shall not  
13 exceed the amount by which the consumer price index for  
14 all urban consumers increased during the calendar year  
15 ending December 31, 2002.

16 4. ~~For~~ Notwithstanding section 234.38, for the  
17 fiscal year beginning July 1, 2016, the foster family  
18 basic daily maintenance rate and the maximum adoption  
19 subsidy rate for children ages 0 through 5 years shall  
20 be \$16.78, the rate for children ages 6 through 11  
21 years shall be \$17.45, the rate for children ages 12  
22 through 15 years shall be \$19.10, and the rate for  
23 children and young adults ages 16 and older shall  
24 be \$19.35. For youth ages 18 to 21 who have exited  
25 foster care, the preparation for adult living program  
26 maintenance rate shall be \$602.70 per month. The  
27 maximum payment for adoption subsidy nonrecurring  
28 expenses shall be limited to \$500 and the disallowance  
29 of additional amounts for court costs and other related  
30 legal expenses implemented pursuant to 2010 Iowa Acts,  
31 chapter 1031, section 408, shall be continued.

32 5. For the fiscal year beginning July 1, 2016,  
33 the maximum reimbursement rates for social services  
34 providers under contract shall remain at the rates  
35 in effect on June 30, 2016, or the provider's actual

1 and allowable cost plus inflation for each service,  
2 whichever is less. However, if a new service or  
3 service provider is added after June 30, 2016, the  
4 initial reimbursement rate for the service or provider  
5 shall be based upon a weighted average of provider  
6 rates for similar services.

7 6. For the fiscal year beginning July 1, 2016, the  
8 reimbursement rates for resource family recruitment and  
9 retention contractors, child welfare emergency services  
10 contractors, and supervised apartment living foster  
11 care providers shall remain at the rates in effect on  
12 June 30, 2016.

13 7. a. For the purposes of this subsection,  
14 "combined reimbursement rate" means the combined  
15 service and maintenance reimbursement rate for a  
16 service level under the department's reimbursement  
17 methodology. Effective July 1, 2016, the combined  
18 reimbursement rate for a group foster care service  
19 level shall be the amount designated in this  
20 subsection. However, if a group foster care provider's  
21 reimbursement rate for a service level as of June  
22 30, 2016, is more than the rate designated in this  
23 subsection, the provider's reimbursement shall remain  
24 at the higher rate.

25 b. Unless a group foster care provider is subject  
26 to the exception provided in paragraph "a", effective  
27 July 1, 2016, the combined reimbursement rates for the  
28 service levels under the department's reimbursement  
29 methodology shall be as follows:

30 (1) For service level, community - D1, the daily  
31 rate shall be at least \$84.17.

32 (2) For service level, comprehensive - D2, the  
33 daily rate shall be at least \$119.09.

34 (3) For service level, enhanced - D3, the daily  
35 rate shall be at least \$131.09.

1     8. The group foster care reimbursement rates  
2 paid for placement of children out of state shall  
3 be calculated according to the same rate-setting  
4 principles as those used for in-state providers,  
5 unless the director of human services or the director's  
6 designee determines that appropriate care cannot be  
7 provided within the state. The payment of the daily  
8 rate shall be based on the number of days in the  
9 calendar month in which service is provided.

10    9. a. For the fiscal year beginning July 1, 2016,  
11 the reimbursement rate paid for shelter care and  
12 the child welfare emergency services implemented to  
13 provide or prevent the need for shelter care shall be  
14 established by contract.

15    b. For the fiscal year beginning July 1, 2016,  
16 the combined service and maintenance components of  
17 the reimbursement rate paid for shelter care services  
18 shall be based on the financial and statistical report  
19 submitted to the department. The maximum reimbursement  
20 rate shall be \$101.83 per day. The department shall  
21 reimburse a shelter care provider at the provider's  
22 actual and allowable unit cost, plus inflation, not to  
23 exceed the maximum reimbursement rate.

24    c. Notwithstanding [section 232.141, subsection 8](#),  
25 for the fiscal year beginning July 1, 2016, the amount  
26 of the statewide average of the actual and allowable  
27 rates for reimbursement of juvenile shelter care homes  
28 that is utilized for the limitation on recovery of  
29 unpaid costs shall remain at the amount in effect for  
30 this purpose in the fiscal year beginning July 1, 2015.

31    10. For the fiscal year beginning July 1, 2016,  
32 ~~the department shall calculate reimbursement rates~~  
33 ~~for intermediate care facilities for persons with~~  
34 ~~an intellectual disability at the 80th percentile.~~  
35 ~~Beginning July 1, 2016, the rate calculation~~



1 ~~methodology shall utilize~~ shall remain at the rates in  
2 effect on June 30, 2016, as adjusted by the consumer  
3 price index inflation factor applicable to the fiscal  
4 year beginning July 1, 2016.

5 11. For the fiscal year beginning July 1, 2016,  
6 for child care providers reimbursed under the state  
7 child care assistance program, the department shall  
8 set provider reimbursement rates based on the rate  
9 reimbursement survey completed in December 2004.

10 Effective July 1, 2016, the child care provider  
11 reimbursement rates shall remain at the rates in effect  
12 on June 30, 2016. The department shall set rates in a  
13 manner so as to provide incentives for a nonregistered  
14 provider to become registered by applying the increase  
15 only to registered and licensed providers.

16 11A. For the fiscal year beginning July 1, 2016,  
17 with the exception of any provider or service to which  
18 a reimbursement increase is applicable for the fiscal  
19 year under this section, notwithstanding any provision  
20 to the contrary under this section, affected providers  
21 or services shall instead be reimbursed as follows:

22 a. For fee-for-service claims, reimbursement  
23 shall be calculated based on the methodology otherwise  
24 specified in this section for the fiscal year beginning  
25 July 1, 2016, for the respective provider or service.

26 b. For claims subject to a managed care contract,  
27 reimbursement shall be based on the methodology  
28 established by the managed care contract. However, any  
29 reimbursement established under such contract shall not  
30 be lower than the rate floor approved by the department  
31 of human services as the managed care organization  
32 provider reimbursement rate floor for the respective  
33 provider or service, in effect on April 1, 2016.

34 13. The department may adopt emergency rules to  
35 implement this section.

1     Sec. 28. 2015 Iowa Acts, chapter 137, is amended by  
2 adding the following new section:

3     NEW SECTION. SEC. 151A. TRANSFER OF MEDICAID  
4 MODERNIZATION SAVINGS BETWEEN APPROPRIATIONS FY  
5 2016-2017. Notwithstanding section 8.39, subsection 1,  
6 for the fiscal year beginning July 1, 2016, if savings  
7 resulting from the governor's Medicaid modernization  
8 initiative accrue to the medical contracts or  
9 children's health insurance program appropriation from  
10 the general fund of the state and not to the medical  
11 assistance appropriation from the general fund of the  
12 state under this division of this Act, such savings may  
13 be transferred to such medical assistance appropriation  
14 for the same fiscal year without prior written consent  
15 and approval of the governor and the director of the  
16 department of management. The department of human  
17 services shall report any transfers made pursuant to  
18 this section to the legislative services agency.

19                                   DIVISION VI

20           HEALTH CARE ACCOUNTS AND FUNDS — FY 2016-2017

21     Sec. 29. 2015 Iowa Acts, chapter 137, section 152,  
22 is amended to read as follows:

23     SEC. 152. PHARMACEUTICAL SETTLEMENT ACCOUNT. There  
24 is appropriated from the pharmaceutical settlement  
25 account created in section 249A.33 to the department of  
26 human services for the fiscal year beginning July 1,  
27 2016, and ending June 30, 2017, the following amount,  
28 or so much thereof as is necessary, to be used for the  
29 purpose designated:

30     Notwithstanding any provision of law to the  
31 contrary, to supplement the appropriations made in this  
32 Act for medical contracts under the medical assistance  
33 program for the fiscal year beginning July 1, 2016, and  
34 ending June 30, 2017:

35 ..... \$ ~~1,001,088~~

1 1,300,000

2     Sec. 30. 2015 Iowa Acts, chapter 137, section 153,  
3 is amended to read as follows:

4     SEC. 153. QUALITY ASSURANCE TRUST FUND —  
5 DEPARTMENT OF HUMAN SERVICES. Notwithstanding  
6 any provision to the contrary and subject to the  
7 availability of funds, there is appropriated from the  
8 quality assurance trust fund created in [section 249L.4](#)  
9 to the department of human services for the fiscal year  
10 beginning July 1, 2016, and ending June 30, 2017, the  
11 following amounts, or so much thereof as is necessary,  
12 for the purposes designated:

13     To supplement the appropriation made in this Act  
14 from the general fund of the state to the department  
15 of human services for medical assistance for the same  
16 fiscal year:

17 ..... \$ ~~18,602,604~~  
18 36,705,208

19     Sec. 31. 2015 Iowa Acts, chapter 137, section 154,  
20 is amended to read as follows:

21     SEC. 154. HOSPITAL HEALTH CARE ACCESS TRUST FUND  
22 — DEPARTMENT OF HUMAN SERVICES. Notwithstanding  
23 any provision to the contrary and subject to the  
24 availability of funds, there is appropriated from  
25 the hospital health care access trust fund created in  
26 section 249M.4 to the department of human services for  
27 the fiscal year beginning July 1, 2016, and ending June  
28 30, 2017, the following amounts, or so much thereof as  
29 is necessary, for the purposes designated:

30     To supplement the appropriation made in this Act  
31 from the general fund of the state to the department  
32 of human services for medical assistance for the same  
33 fiscal year:

34 ..... \$ ~~17,350,000~~  
35 34,700,000

DIVISION VII

PROPERTY TAX RELIEF FUND BLOCK GRANT MONEY — FY  
2016-2017

Sec. 32. 2015 Iowa Acts, chapter 137, section 157,  
is amended to read as follows:

SEC. 157. PROPERTY TAX RELIEF FUND BLOCK GRANT  
MONEYS. The moneys transferred to the property tax  
relief fund for the fiscal year beginning July 1, ~~2015~~  
2016, from the federal social services block grant  
pursuant to 2015 Iowa Acts, House File 630, ~~and from~~  
~~the federal temporary assistance for needy families~~  
~~block grant~~, totaling at least ~~\$11,774,2757,456,296,~~  
are appropriated to the department of human services  
for the fiscal year beginning July 1, ~~2015~~ 2016, and  
ending June 30, ~~2016~~ 2017, to be used for the purposes  
designated, notwithstanding any provision of law to the  
contrary:

~~1. For distribution to any mental health and~~  
~~disability services region where 25 percent of the~~  
~~region's projected expenditures exceeds the region's~~  
~~projected fund balance:~~  
~~..... \$ 480,000~~

~~a. For purposes of this subsection:~~

~~(1) "Available funds" means a county mental health~~  
~~and services fund balance on June 30, 2015, plus the~~  
~~maximum amount a county was allowed to levy for the~~  
~~fiscal year beginning July 1, 2015.~~

~~(2) "Projected expenditures" means the actual~~  
~~expenditures of a mental health and disability services~~  
~~region as of June 30, 2015, multiplied by an annual~~  
~~inflation rate of 2 percent plus the projected costs~~  
~~for new core services administered by the region~~  
~~as provided in a region's regional service system~~  
~~management plan approved pursuant to section 331.393~~  
~~for the fiscal year beginning July 1, 2015.~~

1     ~~(3) "Projected fund balance" means the difference~~  
2 ~~between a mental health and disability services~~  
3 ~~region's available funds and projected expenditures.~~

4     ~~b. If sufficient funds are not available to~~  
5 ~~implement this subsection, the department of human~~  
6 ~~services shall distribute funds to a region in~~  
7 ~~proportion to the availability of funds.~~

8     2. To be transferred to the appropriation in this  
9 Act for child and family services for the fiscal year  
10 beginning July 1, 2016, to be used for the purpose of  
11 that appropriation:

12 ..... \$ 5,407,137  
13 6,880,223

14                   DIVISION VIII

15         PRIOR YEAR APPROPRIATIONS AND OTHER PROVISIONS

16         FAMILY INVESTMENT PROGRAM ACCOUNT FY 2015-2016

17         Sec. 33. 2015 Iowa Acts, chapter 137, section  
18 7, subsection 4, paragraph e, is amended to read as  
19 follows:

20         e. For the JOBS program:

21 ..... \$ 17,540,398  
22 17,140,398

23         FAMILY INVESTMENT PROGRAM GENERAL FUND FY 2015-2016

24         Sec. 34. 2015 Iowa Acts, chapter 137, section 8,  
25 unnumbered paragraph 2, is amended to read as follows:

26         To be credited to the family investment program  
27 (FIP) account and used for family investment program  
28 assistance under [chapter 239B](#):

29 ..... \$ 48,673,875  
30 44,773,875

31         Sec. 35. 2015 Iowa Acts, chapter 137, section 8,  
32 subsection 1, is amended to read as follows:

33         1. Of the funds appropriated in this section,  
34 ~~\$7,402,220~~ \$7,002,220 is allocated for the JOBS  
35 program.

MEDICAL ASSISTANCE APPROPRIATION — FY 2015-2016

Sec. 36. 2015 Iowa Acts, chapter 137, section 12, unnumbered paragraph 2, is amended to read as follows:

For medical assistance program reimbursement and associated costs as specifically provided in the reimbursement methodologies in effect on June 30, 2015, except as otherwise expressly authorized by law, consistent with options under federal law and regulations, and contingent upon receipt of approval from the office of the governor of reimbursement for each abortion performed under the program:

.....	\$ <del>1,303,191,564</del>
	<u>1,318,191,564</u>

MODERNIZATION EMERGENCY RULES FY 2015-2016

Sec. 37. 2015 Iowa Acts, chapter 137, section 12, subsection 24, is amended to read as follows:

~~24. The department of human services may adopt emergency rules as necessary to implement the governor's Medicaid modernization initiative beginning January 1, 2016.~~

STATE SUPPLEMENTARY ASSISTANCE FY 2015-2016

Sec. 38. 2015 Iowa Acts, chapter 137, section 14, unnumbered paragraph 2, is amended to read as follows:

For the state supplementary assistance program:

.....	\$ <del>12,997,187</del>
	<u>11,897,187</u>

AUTISM SUPPORT PROGRAM FUND FY 2015-2016

Sec. 39. 2015 Iowa Acts, chapter 137, section 13, subsection 5, unnumbered paragraph 1, is amended to read as follows:

Of the funds appropriated in this section, \$2,000,000 shall be credited to the autism support program fund created in section 225D.2 to be used for the autism support program created in [chapter 225D](#), with the exception of the following amounts of this

1 allocation which shall be used as follows:

2 CHILD CARE ASSISTANCE FY 2015-2016

3 Sec. 40. 2015 Iowa Acts, chapter 137, section 16,  
4 unnumbered paragraph 2, is amended to read as follows:

5 For child care programs:

6 ..... \$ ~~51,408,668~~  
7 41,408,668

8 Sec. 41. 2015 Iowa Acts, chapter 137, section 16,  
9 subsection 1, is amended to read as follows:

10 1. Of the funds appropriated in this section,  
11 ~~\$43,689,241~~ \$33,689,241 shall be used for state child  
12 care assistance in accordance with [section 237A.13](#).

13 Sec. 42. 2015 Iowa Acts, chapter 137, section 16,  
14 subsection 9, is amended to read as follows:

15 9. Notwithstanding [section 8.33](#), moneys advanced  
16 ~~for purposes of the programs developed by early~~  
17 ~~childhood Iowa areas, advanced for purposes of~~  
18 ~~wraparound child care, appropriated in this section~~  
19 or received from the federal appropriations made for  
20 the purposes of this section that remain unencumbered  
21 or unobligated at the close of the fiscal year shall  
22 not revert to any fund but shall remain available for  
23 expenditure for the purposes designated until the close  
24 of the succeeding fiscal year.

25 NURSING FACILITY BUDGET FY 2015-2016

26 Sec. 43. 2015 Iowa Acts, chapter 137, section 29,  
27 subsection 1, paragraph a, subparagraph (1), is amended  
28 to read as follows:

29 (1) For the fiscal year beginning July 1, 2015, the  
30 total state funding amount for the nursing facility  
31 budget shall not exceed ~~\$151,421,158~~ \$227,131,737.

32 Sec. 44. EFFECTIVE UPON ENACTMENT. This division  
33 of this Act, being deemed of immediate importance,  
34 takes effect upon enactment.

35 Sec. 45. RETROACTIVE APPLICABILITY. This division

1 of this Act is retroactively applicable to July 1,  
2 2015.

3 DIVISION IX

4 DECATEGORIZATION

5 Sec. 46. DECATEGORIZATION CARRYOVER FUNDING —  
6 TRANSFER TO MEDICAID PROGRAM. Notwithstanding section  
7 232.188, subsection 5, paragraph "b", any state  
8 appropriated moneys in the funding pool that remained  
9 unencumbered or unobligated at the close of the fiscal  
10 year beginning July 1, 2013, and were deemed carryover  
11 funding to remain available for the two succeeding  
12 fiscal years that still remain unencumbered or  
13 unobligated at the close of the fiscal year beginning  
14 July 1, 2015, shall not revert but shall be transferred  
15 to the medical assistance program for the fiscal year  
16 beginning July 1, 2015.

17 Sec. 47. EFFECTIVE UPON ENACTMENT. This division  
18 of this Act, being deemed of immediate importance,  
19 takes effect upon enactment.

20 Sec. 48. RETROACTIVE APPLICABILITY. This division  
21 of this Act is retroactively applicable to July 1,  
22 2015.

23 DIVISION X

24 CODE CHANGES

25 LOCAL OFFICES OF SUBSTITUTE DECISION MAKER

26 Sec. 49. Section 231E.4, subsection 3, paragraph a,  
27 Code 2016, is amended to read as follows:

28 a. Select persons through a request for proposals  
29 process to establish local offices of substitute  
30 decision maker in each of the planning and service  
31 areas. Local offices shall be established statewide on  
32 or before July 1, ~~2017~~ 2018.

33 INSTITUTIONS FOR PERSONS WITH AN INTELLECTUAL  
34 DISABILITY — ASSESSMENT

35 Sec. 50. Section 222.60A, Code 2016, is amended to



1 read as follows:

2 **222.60A Cost of assessment.**

3 Notwithstanding any provision of ~~this chapter~~ to the  
4 contrary, any amount attributable to any ~~fee-assessed~~  
5 assessment pursuant to ~~section 249A.21~~ that would  
6 otherwise be the liability of any county shall be paid  
7 by the state. The department may transfer funds from  
8 the appropriation for medical assistance to pay any  
9 amount attributable to any ~~fee-assessed~~ assessment  
10 pursuant to ~~section 249A.21~~ that is a liability of the  
11 state.

12 Sec. 51. Section 249A.12, subsection 3, paragraph  
13 c, Code 2016, is amended to read as follows:

14 ~~c. Effective February 1, 2002, the~~ The state shall  
15 be responsible for all of the nonfederal share of the  
16 costs of intermediate care facility for persons with  
17 an intellectual disability services provided under  
18 medical assistance attributable to the assessment fee  
19 for intermediate care facilities for individuals with  
20 an intellectual disability imposed pursuant to section  
21 249A.21. ~~Effective February 1, 2003, a~~ A county is not  
22 required to reimburse the department and shall not be  
23 billed for the nonfederal share of the costs of such  
24 services attributable to the assessment fee.

25 Sec. 52. Section 249A.21, Code 2016, is amended to  
26 read as follows:

27 **249A.21 Intermediate care facilities for persons**  
28 **with an intellectual disability — assessment.**

29 1. ~~The department may assess~~ An intermediate care  
30 ~~facilities~~ facility for persons with an intellectual  
31 disability, as defined in ~~section 135C.1, a fee in~~  
32 shall be assessed an amount for the preceding calendar  
33 quarter, not to exceed six percent of the ~~total annual~~  
34 ~~revenue of the facility for the preceding fiscal year~~  
35 actual paid claims for the previous quarter.

1       2. The assessment shall be paid by each  
2 intermediate care facility for persons with an  
3 intellectual disability to the department in equal  
4 ~~monthly amounts on or before the fifteenth day of each~~  
5 month on a quarterly basis. ~~The department may deduct~~  
6 ~~the monthly amount from medical assistance payments~~  
7 ~~to a facility described in subsection 1.~~ ~~The amount~~  
8 ~~deducted from payments shall not exceed the total~~  
9 ~~amount of the assessments due~~ An intermediate care  
10 facility for persons with an intellectual disability  
11 shall submit the assessment amount no later than thirty  
12 days following the end of each calendar quarter.

13       3. ~~Revenue from the assessments shall be credited~~  
14 The department shall collect the assessment imposed  
15 and shall credit all revenues collected to the state  
16 medical assistance appropriation. This revenue may  
17 be used only for services for which federal financial  
18 participation under the medical assistance program is  
19 available to match state funds.

20       4. If the department determines that an  
21 intermediate care facility for persons with an  
22 intellectual disability has underpaid or overpaid  
23 the assessment, the department shall notify the  
24 intermediate care facility for persons with an  
25 intellectual disability of the amount of the unpaid  
26 assessment or refund due. Such payment or refund shall  
27 be due or refunded within thirty days of the issuance  
28 of the notice.

29       5. An intermediate care facility for persons  
30 with an intellectual disability that fails to pay the  
31 assessment within the time frame specified in this  
32 section shall pay, in addition to the outstanding  
33 assessment, a penalty in the amount of one and  
34 five-tenths percent of the assessment amount owed for  
35 each month or portion of each month the payment is

1 overdue. However, if the department determines that  
2 good cause is shown for failure to comply with payment  
3 of the assessment, the department shall waive the  
4 penalty or a portion of the penalty.

5 6. If an assessment has not been received by the  
6 department by the last day of the third month after the  
7 payment is due, the department shall suspend payment  
8 due the intermediate care facility for persons with an  
9 intellectual disability under the medical assistance  
10 program including payments made on behalf of the  
11 medical assistance program by a Medicaid managed care  
12 contractor.

13 7. The assessment imposed under this section  
14 constitutes a debt due and owing the state and may be  
15 collected by civil action, including but not limited to  
16 the filing of tax liens, and any other method provided  
17 for by law.

18 8. If federal financial participation to match the  
19 assessments made under subsection 1 becomes unavailable  
20 under federal law, the department shall terminate the  
21 imposing of the assessments beginning on the date that  
22 the federal statutory, regulatory, or interpretive  
23 change takes effect.

24 ~~5.~~ 9. The department of human services may procure  
25 a sole source contract to implement the provisions of  
26 this section.

27 ~~6.~~ 10. The department may adopt administrative  
28 rules under section 17A.4, subsection 3, and section  
29 17A.5, subsection 2, paragraph "b", to implement this  
30 section, and any fee assessed pursuant to this section  
31 against an intermediate care facility for persons with  
32 an intellectual disability that is operated by the  
33 state may be made retroactive to October 1, 2003.

34 DIVISION XI

35 HOSPITAL HEALTH CARE ACCESS ASSESSMENT

1     Sec. 53. Section 249M.5, Code 2016, is amended to  
2 read as follows:

3     **249M.5 Future repeal.**

4     This chapter is repealed ~~June 30, 2016~~ July 1, 2017.

5     Sec. 54. REVIEW OF ALTERNATIVE ASSESSMENT  
6 METHODOLOGY. The department of human services shall  
7 explore alternative hospital health care access  
8 assessment methodologies and shall make recommendations  
9 to the governor and the general assembly by December  
10 15, 2016, regarding continuation of the hospital  
11 health care access assessment program beyond July 1,  
12 2017, and an alternative assessment methodology. Any  
13 continuation of the program and assessment methodology  
14 shall meet all of the following guidelines:

15     1. All funds generated by the assessment shall  
16 be returned to participating hospitals in the form of  
17 higher Medicaid payments.

18     2. Continuation of the program and any new  
19 assessment methodology shall be subject to any required  
20 federal approval.

21     3. Any new assessment methodology shall minimize  
22 the negative financial impact on participating  
23 hospitals to the greatest extent possible.

24     4. Any new assessment methodology shall result in  
25 at least the same if not a greater aggregate financial  
26 benefit to participating hospitals compared with the  
27 benefit existing under the program prior to July 1,  
28 2016.

29     5. Only participating hospitals subject to  
30 imposition of the assessment shall receive a financial  
31 return from the program.

32     6. Any continuation of the program shall include a  
33 means of tracking the financial return to individual  
34 participating hospitals.

35     7. Any quality metrics utilized by the program,

1 if continued, shall align with similar metrics being  
2 used under Medicare and the state innovation model  
3 initiative process.

4 8. Any new assessment methodology shall incorporate  
5 a recognition of the increased costs attributable to  
6 care and services such as inpatient psychiatric care,  
7 rehabilitation services, and neonatal intensive care  
8 units.

9 9. Any continuation of the program shall include  
10 oversight and review by the hospital health care  
11 access trust fund board created in section 249M.4  
12 and representatives of participating hospitals to  
13 ensure appropriate administration and to provide  
14 recommendations for future modifications.

15 Sec. 55. EFFECTIVE UPON ENACTMENT. This division  
16 of this Act, being deemed of immediate importance,  
17 takes effect upon enactment.

18 Sec. 56. RETROACTIVE APPLICABILITY. The section of  
19 this division of this Act amending section 249M.5, Code  
20 2016, is retroactively applicable to June 30, 2016.

21 DIVISION XII

22 AUTISM SUPPORT PROGRAM

23 Sec. 57. Section 135.181, subsections 1 and 2, Code  
24 2016, are amended to read as follows:

25 1. The department shall establish a board-certified  
26 behavior analyst and board-certified assistant behavior  
27 analyst grants program to provide grants to Iowa  
28 resident and nonresident applicants who have been  
29 accepted for admission or are attending a ~~board of~~  
30 ~~regents~~ university, community college, or an accredited  
31 private institution, within or outside the state of  
32 Iowa, are enrolled in a program that is accredited and  
33 meets coursework requirements to prepare the applicant  
34 to be eligible for board certification as a behavior  
35 analyst or assistant behavior analyst, and demonstrate

1 financial need. ~~Priority in the awarding of a grant~~  
2 ~~shall be given to applicants who are residents of Iowa.~~

3 2. The department, in cooperation with the  
4 department of education, shall adopt rules pursuant  
5 to [chapter 17A](#) to establish minimum standards for  
6 applicants to be eligible for a grant that address all  
7 of the following:

8 a. Eligibility requirements for and qualifications  
9 of an applicant to receive a grant. The applicant  
10 shall agree to practice in the state of Iowa for a  
11 period of time, not to exceed four years, as specified  
12 in the contract entered into between the applicant and  
13 the department at the time the grant is awarded. In  
14 addition, the applicant shall agree, as specified in  
15 the contract, that during the contract period, the  
16 applicant will assist in supervising an individual  
17 working toward board certification as a behavior  
18 analyst or assistant behavior analyst or to consult  
19 with schools and service providers that provide  
20 services and supports to individuals with autism.

21 b. The application process for the grant.

22 c. Criteria for preference in awarding of the  
23 grants. Priority in the awarding of a grant shall be  
24 given to applicants who are residents of Iowa.

25 d. Determination of the amount of a grant. The  
26 amount of funding awarded to each applicant shall be  
27 based on the applicant's enrollment status, the number  
28 of applicants, and the total amount of available funds.  
29 The total amount of funds awarded to an individual  
30 applicant shall not exceed fifty percent of the  
31 total costs attributable to program tuition and fees,  
32 annually.

33 e. Use of the funds awarded. Funds awarded may be  
34 used to offset the costs attributable to tuition and  
35 fees for the accredited behavior analyst or assistant

1 behavior analyst program.

2     Sec. 58. Section 135.181, Code 2016, is amended by  
3 adding the following new subsection:

4     NEW SUBSECTION. 4. The department shall submit  
5 a report to the governor and the general assembly no  
6 later than January 1, annually, that includes but is  
7 not limited to all of the following:

8     a. The number of applications received for the  
9 immediately preceding fiscal year.

10    b. The number of applications approved and the  
11 total amount of funding awarded in grants in the  
12 immediately preceding fiscal year.

13    c. The cost of administering the program in the  
14 immediately preceding fiscal year.

15    d. Recommendations for any changes to the program.

16     Sec. 59. Section 225D.1, subsection 8, Code 2016,  
17 is amended to read as follows:

18     8. "*Eligible individual*" means a child less than  
19 ~~nine~~ fourteen years of age who has been diagnosed with  
20 autism based on a diagnostic assessment of autism,  
21 is not otherwise eligible for coverage for applied  
22 behavioral analysis treatment under the medical  
23 assistance program, [section 514C.28](#), or private  
24 insurance coverage, and whose household income does not  
25 exceed ~~four~~ five hundred percent of the federal poverty  
26 level.

27     Sec. 60. Section 225D.2, subsection 2, paragraphs c  
28 and d, Code 2016, are amended to read as follows:

29     c. Notwithstanding the age limitation for an  
30 eligible individual, a provision that if an eligible  
31 individual reaches ~~nine~~ fourteen years of age prior to  
32 completion of the maximum applied behavioral analysis  
33 treatment period specified in paragraph "b", the  
34 individual may complete such treatment in accordance  
35 with the individual's treatment plan, not to exceed the

1 maximum treatment period.

2     d. A graduated schedule for cost-sharing by an  
3 eligible individual based on a percentage of the total  
4 benefit amount expended for the eligible individual,  
5 annually. Cost-sharing shall be applicable to  
6 eligible individuals with household incomes at or  
7 above two hundred percent of the federal poverty level  
8 in incrementally increased amounts up to a maximum  
9 of ~~ten~~ fifteen percent. The rules shall provide  
10 a financial hardship exemption from payment of the  
11 cost-sharing based on criteria established by rule of  
12 the department.

13     Sec. 61. AUTISM SUPPORT FUND — TRANSFER.  
14 Notwithstanding section 225D.2, moneys credited to  
15 the autism support fund that remain unexpended or  
16 unobligated at the close of the fiscal year beginning  
17 July 1, 2015, shall be transferred to the appropriation  
18 in this Act for medical contracts to be used for the  
19 purpose of that appropriation for the succeeding fiscal  
20 year.

21     Sec. 62. EFFECTIVE DATE. The section of this  
22 division of this Act providing for transfer of moneys  
23 in the autism support fund that remain unexpended or  
24 unobligated at the close of the fiscal year beginning  
25 July 1, 2015, being deemed of immediate importance,  
26 takes effect upon enactment.

27     Sec. 63. RETROACTIVE APPLICABILITY. The section  
28 of this division of this Act providing for transfer  
29 of moneys in the autism support fund that remain  
30 unexpended or unobligated at the close of the  
31 fiscal year beginning July 1, 2015, is retroactively  
32 applicable to July 1, 2015.

33                     DIVISION XIII

34                     MEDICAID MANAGED CARE OVERSIGHT

35                     HEALTH POLICY OVERSIGHT COMMITTEE



1     Sec. 64. Section 2.45, subsection 6, Code 2016, is  
2 amended to read as follows:

3     6. The legislative health policy oversight  
4 committee, which shall be composed of ten members of  
5 the general assembly, consisting of five members from  
6 each house, to be appointed by the legislative council.  
7 The legislative health policy oversight committee  
8 ~~shall receive updates and review data, public input and~~  
9 ~~concerns, and make recommendations for improvements to~~  
10 ~~and changes in law or rule regarding Medicaid managed~~  
11 ~~care meet at least four times annually to evaluate~~  
12 state health policy and provide continuing oversight  
13 for publicly funded programs, including but not limited  
14 to all facets of the Medicaid and hawk-i programs  
15 to, at a minimum, ensure effective and efficient  
16 administration of these programs, address stakeholder  
17 concerns, monitor program costs and expenditures, and  
18 make recommendations relative to the programs.

19     Sec. 65. HEALTH POLICY OVERSIGHT COMMITTEE  
20 — SUBJECT MATTER REVIEW FOR 2016 LEGISLATIVE  
21 INTERIM. During the 2016 legislative interim, the  
22 health policy oversight committee created in section  
23 2.45 shall, as part of the committee's evaluation  
24 of state health policy and review of all facets of  
25 the Medicaid and hawk-i programs, review and make  
26 recommendations regarding, at a minimum, all of the  
27 following:

28     1. The resources and duties of the office of  
29 long-term care ombudsman relating to the provision of  
30 assistance to and advocacy for Medicaid recipients  
31 to determine the designation of duties and level of  
32 resources necessary to appropriately address the needs  
33 of such individuals. The committee shall consider the  
34 health consumer ombudsman alliance report submitted to  
35 the general assembly in December 2015, as well as input

1 from the office of long-term care ombudsman and other  
2 entities in making recommendations.

3 2. The health benefits and health benefit  
4 utilization management criteria for the Medicaid  
5 and hawk-i programs to determine the sufficiency  
6 and appropriateness of the benefits offered and the  
7 utilization of these benefits.

8 3. Prior authorization requirements relative  
9 to benefits provided under the Medicaid and hawk-i  
10 programs, including but not limited to pharmacy  
11 benefits.

12 4. Consistency and uniformity in processes,  
13 procedures, forms, and other activities across all  
14 Medicaid and hawk-i program participating insurers and  
15 managed care organizations, including but not limited  
16 to cost and quality reporting, credentialing, billing,  
17 prior authorization, and critical incident reporting.

18 5. Provider network adequacy including the use of  
19 out-of-network and out-of-state providers.

20 6. The role and interplay of other advisory and  
21 oversight entities, including but not limited to the  
22 medical assistance advisory council and the hawk-i  
23 board.

24 REVIEW OF PROGRAM INTEGRITY DUTIES

25 Sec. 66. REVIEW OF PROGRAM INTEGRITY DUTIES —  
26 WORKGROUP — REPORT.

27 1. The director of human services shall convene  
28 a workgroup comprised of members including the  
29 commissioner of insurance, the auditor of state, the  
30 Medicaid director and bureau chiefs of the managed care  
31 organization oversight and supports bureau, the Iowa  
32 Medicaid enterprise support bureau, and the medical  
33 and long-term services and supports bureau, and a  
34 representative of the program integrity unit, or their  
35 designees; and representatives of other appropriate

1 state agencies or other entities including but not  
2 limited to the office of the attorney general, the  
3 office of long-term care ombudsman, and the Medicaid  
4 fraud control unit of the investigations division  
5 of the department of inspections and appeals. The  
6 workgroup shall do all of the following:

7     a. Review the duties of each entity with  
8 responsibilities relative to Medicaid program integrity  
9 and managed care organizations; review state and  
10 federal laws, regulations, requirements, guidance, and  
11 policies relating to Medicaid program integrity and  
12 managed care organizations; and review the laws of  
13 other states relating to Medicaid program integrity  
14 and managed care organizations. The workgroup shall  
15 determine areas of duplication, fragmentation,  
16 and gaps; shall identify possible integration,  
17 collaboration and coordination of duties; and shall  
18 determine whether existing general state Medicaid  
19 program and fee-for-service policies, laws, and  
20 rules are sufficient, or if changes or more specific  
21 policies, laws, and rules are required to provide  
22 for comprehensive and effective administration and  
23 oversight of the Medicaid program including under the  
24 fee-for-service and managed care methodologies.

25     b. Review historical uses of the Medicaid  
26 fraud fund created in section 249A.50 and make  
27 recommendations for future uses of the moneys in the  
28 fund and any changes in law necessary to adequately  
29 address program integrity.

30     c. Review medical loss ratio provisions relative  
31 to Medicaid managed care contracts and make  
32 recommendations regarding, at a minimum, requirements  
33 for the necessary collection, maintenance, retention,  
34 reporting, and sharing of data and information by  
35 Medicaid managed care organizations for effective

1 determination of compliance, and to identify the  
2 costs and activities that should be included in the  
3 calculation of administrative costs, medical costs or  
4 benefit expenses, health quality improvement costs,  
5 and other costs and activities incidental to the  
6 determination of a medical loss ratio.

7 d. Review the capacity of state agencies, including  
8 the need for specialized training and expertise, to  
9 address Medicaid and managed care organization program  
10 integrity and provide recommendations for the provision  
11 of necessary resources and infrastructure, including  
12 annual budget projections.

13 e. Review the incentives and penalties applicable  
14 to violations of program integrity requirements to  
15 determine their adequacy in combating waste, fraud,  
16 abuse, and other violations that divert limited  
17 resources that would otherwise be expended to safeguard  
18 the health and welfare of Medicaid recipients, and make  
19 recommendations for necessary adjustments to improve  
20 compliance.

21 f. Make recommendations regarding the quarterly and  
22 annual auditing of financial reports required to be  
23 performed for each Medicaid managed care organization  
24 to ensure that the activities audited provide  
25 sufficient information to the division of insurance  
26 of the department of commerce and the department  
27 of human services to ensure program integrity. The  
28 recommendations shall also address the need for  
29 additional audits or other reviews of managed care  
30 organizations.

31 g. Review and make recommendations to prohibit  
32 cost-shifting between state and local and public and  
33 private funding sources for services and supports  
34 provided to Medicaid recipients whether directly or  
35 indirectly through the Medicaid program.

1       2. The department of human services shall submit  
2 a report of the workgroup to the governor, the health  
3 policy oversight committee created in section 2.45,  
4 and the general assembly initially, on or before  
5 November 15, 2016, and on or before November 15,  
6 on an annual basis thereafter, to provide findings  
7 and recommendations for a coordinated approach  
8 to comprehensive and effective administration and  
9 oversight of the Medicaid program including under the  
10 fee-for-service and managed care methodologies.

11                               **MEDICAID OMBUDSMAN**

12       Sec. 67. Section 231.44, Code 2016, is amended to  
13 read as follows:

14       **231.44 Utilization of resources — assistance and**  
15 **advocacy related to long-term services and supports**  
16 **under the Medicaid program.**

17       1. The office of long-term care ombudsman ~~may~~  
18 shall utilize its available resources to provide  
19 assistance and advocacy services to eligible recipients  
20 of long-term services and supports, or individuals  
21 seeking long-term services and supports, and the  
22 families or legal representatives of such eligible  
23 ~~recipients, of long-term services and supports provided~~  
24 through individuals under the Medicaid program. Such  
25 assistance and advocacy shall include but is not  
26 limited to all of the following:

27       a. Assisting ~~recipients~~ such individuals in  
28 understanding the services, coverage, and access  
29 provisions and their rights under Medicaid managed  
30 care.

31       b. Developing procedures for the tracking and  
32 reporting of the outcomes of individual requests for  
33 assistance, the obtaining of necessary services and  
34 supports, and other aspects of the services provided to  
35 ~~eligible recipients~~ such individuals.

1     c. Providing advice and assistance relating to the  
2 preparation and filing of complaints, grievances, and  
3 appeals of complaints or grievances, including through  
4 processes available under managed care plans and the  
5 state appeals process, relating to long-term services  
6 and supports under the Medicaid program.

7     d. Accessing the results of a review of a level  
8 of care assessment or reassessment by a managed care  
9 organization in which the managed care organization  
10 recommends denial or limited authorization of a  
11 service, including the type or level of service, the  
12 reduction, suspension, or termination of a previously  
13 authorized service, or a change in level of care, upon  
14 the request of an affected individual.

15     e. Receiving notices of disenrollment or notices  
16 that would result in a change in level of care for  
17 affected individuals, including involuntary and  
18 voluntary discharges or transfers, from the department  
19 of human services or a managed care organization.

20     2. A representative of the office of long-term care  
21 ombudsman providing assistance and advocacy services  
22 authorized under [this section](#) for an individual,  
23 shall be provided access to the individual, and shall  
24 be provided access to the individual's medical and  
25 social records as authorized by the individual or the  
26 individual's legal representative, as necessary to  
27 carry out the duties specified in [this section](#).

28     3. A representative of the office of long-term care  
29 ombudsman providing assistance and advocacy services  
30 authorized under [this section](#) for an individual, shall  
31 be provided access to administrative records related to  
32 the provision of the long-term services and supports to  
33 the individual, as necessary to carry out the duties  
34 specified in [this section](#).

35     4. The office of long-term care ombudsman and

1 representatives of the office, when providing  
2 assistance and advocacy services under this section,  
3 shall be considered a health oversight agency as  
4 defined in 45 C.F.R. §164.501 for the purposes of  
5 health oversight activities as described in 45 C.F.R.  
6 §164.512(d) including access to the health records  
7 and other appropriate information of an individual,  
8 including from the department of human services or  
9 the applicable Medicaid managed care organization,  
10 as necessary to fulfill the duties specified under  
11 this section. The department of human services,  
12 in collaboration with the office of long-term care  
13 ombudsman, shall adopt rules to ensure compliance  
14 by affected entities with this subsection and to  
15 ensure recognition of the office of long-term care  
16 ombudsman as a duly authorized and identified agent or  
17 representative of the state.

18 5. The department of human services and Medicaid  
19 managed care organizations shall inform eligible  
20 and potentially eligible Medicaid recipients of the  
21 advocacy services and assistance available through the  
22 office of long-term care ombudsman and shall provide  
23 contact and other information regarding the advocacy  
24 services and assistance to eligible and potentially  
25 eligible Medicaid recipients as directed by the office  
26 of long-term care ombudsman.

27 6. When providing assistance and advocacy services  
28 under this section, the office of long-term care  
29 ombudsman shall act as an independent agency, and the  
30 office of long-term care ombudsman and representatives  
31 of the office shall be free of any undue influence that  
32 restrains the ability of the office or the office's  
33 representatives from providing such services and  
34 assistance.

35 7. The office of long-term care ombudsman shall, in

1 addition to other duties prescribed and at a minimum,  
2 do all of the following in the furtherance of the  
3 provision of advocacy services and assistance under  
4 this section:

5 a. Represent the interests of eligible and  
6 potentially eligible Medicaid recipients before  
7 governmental agencies.

8 b. Analyze, comment on, and monitor the development  
9 and implementation of federal, state, and local laws,  
10 regulations, and other governmental policies and  
11 actions, and recommend any changes in such laws,  
12 regulations, policies, and actions as determined  
13 appropriate by the office of long-term care ombudsman.

14 c. To maintain transparency and accountability for  
15 activities performed under this section, including  
16 for the purposes of claiming federal financial  
17 participation for activities that are performed to  
18 assist with administration of the Medicaid program:

19 (1) Have complete and direct responsibility for the  
20 administration, operation, funding, fiscal management,  
21 and budget related to such activities, and directly  
22 employ, oversee, and supervise all paid and volunteer  
23 staff associated with these activities.

24 (2) Establish separation-of-duties requirements,  
25 provide limited access to work space and work  
26 product for only necessary staff, and limit access to  
27 documents and information as necessary to maintain the  
28 confidentiality of the protected health information of  
29 individuals served under this section.

30 (3) Collect and submit, annually, to the governor,  
31 the health policy oversight committee created in  
32 section 2.45, and the general assembly, all of the  
33 following with regard to those seeking advocacy  
34 services or assistance under this section:

35 (a) The number of contacts by contact type and



1 geographic location.

2 (b) The type of assistance requested including the  
3 name of the managed care organization involved, if  
4 applicable.

5 (c) The time frame between the time of the initial  
6 contact and when an initial response was provided.

7 (d) The amount of time from the initial contact to  
8 resolution of the problem or concern.

9 (e) The actions taken in response to the request  
10 for advocacy or assistance.

11 (f) The outcomes of requests to address problems or  
12 concerns.

13 ~~4.~~ 8. For the purposes of **this section**:

14 *a. "Institutional setting" includes a long-term care*  
15 *facility, an elder group home, or an assisted living*  
16 *program.*

17 *b. "Long-term services and supports" means the broad*  
18 *range of health, health-related, and personal care*  
19 *assistance services and supports, provided in both*  
20 *institutional settings and home and community-based*  
21 *settings, necessary for older individuals and persons*  
22 *with disabilities who experience limitations in their*  
23 *capacity for self-care due to a physical, cognitive, or*  
24 *mental disability or condition.*

25 **Sec. 68. NEW SECTION. 231.44A Willful interference**  
26 **with duties related to long-term services and supports**  
27 **— penalty.**

28 Willful interference with a representative of the  
29 office of long-term care ombudsman in the performance  
30 of official duties in accordance with section 231.44  
31 is a violation of section 231.44, subject to a penalty  
32 prescribed by rule. The office of long-term care  
33 ombudsman shall adopt rules specifying the amount of a  
34 penalty imposed, consistent with the penalties imposed  
35 under section 231.42, subsection 8, and specifying

1 procedures for notice and appeal of penalties imposed.

2 MEDICAL ASSISTANCE ADVISORY COUNCIL

3 Sec. 69. Section 249A.4B, Code 2016, is amended to  
4 read as follows:

5 **249A.4B Medical assistance advisory council.**

6 1. A medical assistance advisory council is  
7 created to comply with 42 C.F.R. §431.12 based on  
8 section 1902(a)(4) of the federal Social Security Act  
9 and to advise the director about health and medical  
10 care services under the ~~medical assistance~~ Medicaid  
11 program, participate in Medicaid policy development  
12 and program administration, and provide guidance on  
13 key issues related to the Medicaid program, whether  
14 administered under a fee-for-service, managed care, or  
15 other methodology, including but not limited to access  
16 to care, quality of care, and service delivery.

17 a. The council shall have the opportunity for  
18 participation in policy development and program  
19 administration, including furthering the participation  
20 of recipients of the program, and without limiting this  
21 general authority shall specifically do all of the  
22 following:

23 (1) Formulate, review, evaluate, and recommend  
24 policies, rules, agency initiatives, and legislation  
25 pertaining to the Medicaid program. The council shall  
26 have the opportunity to comment on proposed rules  
27 prior to commencement of the rulemaking process and on  
28 waivers and state plan amendment applications.

29 (2) Prior to the annual budget development process,  
30 engage in setting priorities, including consideration  
31 of the scope and utilization management criteria  
32 for benefits, beneficiary eligibility, provider and  
33 services reimbursement rates, and other budgetary  
34 issues.

35 (3) Provide oversight for and review of the

1 administration of the Medicaid program.

2 (4) Ensure that the membership of the council  
3 effectively represents all relevant and concerned  
4 viewpoints, particularly those of consumers, providers,  
5 and the general public; create public understanding;  
6 and ensure that the services provided under the  
7 Medicaid program meet the needs of the people served.

8 b. The council shall meet ~~no more than~~ at least  
9 quarterly, and prior to the next subsequent meeting  
10 of the executive committee. ~~The director of public~~  
11 health The public member acting as a co-chairperson  
12 of the executive committee and the professional or  
13 business entity member acting as a co-chairperson of  
14 the executive committee, shall serve as ~~chairperson~~  
15 co-chairpersons of the council.

16 2. The council shall include all of the following  
17 voting members:

18 a. The president, or the president's  
19 representative, of each of the following professional  
20 or business entities, or a member of each of the  
21 following professional or business entities, selected  
22 by the entity:

- 23 (1) The Iowa medical society.
- 24 (2) The Iowa osteopathic medical association.
- 25 (3) The Iowa academy of family physicians.
- 26 (4) The Iowa chapter of the American academy of  
27 pediatrics.
- 28 (5) The Iowa physical therapy association.
- 29 (6) The Iowa dental association.
- 30 (7) The Iowa nurses association.
- 31 (8) The Iowa pharmacy association.
- 32 (9) The Iowa podiatric medical society.
- 33 (10) The Iowa optometric association.
- 34 (11) The Iowa association of community providers.
- 35 (12) The Iowa psychological association.

1       (13)   The Iowa psychiatric society.  
2       (14)   The Iowa chapter of the national association  
3 of social workers.  
4       (15)   The coalition for family and children's  
5 services in Iowa.  
6       (16)   The Iowa hospital association.  
7       (17)   The Iowa association of rural health clinics.  
8       (18)   The Iowa primary care association.  
9       (19)   Free clinics of Iowa.  
10      (20)   The opticians' association of Iowa, inc.  
11      (21)   The Iowa association of hearing health  
12 professionals.  
13      (22)   The Iowa speech and hearing association.  
14      (23)   The Iowa health care association.  
15      (24)   The Iowa association of area agencies on  
16 aging.  
17      (25)   AARP.  
18      (26)   The Iowa caregivers association.  
19      (27)   The Iowa coalition of home and community-based  
20 services for seniors.  
21      (28)   The Iowa adult day services association.  
22      (29)   Leading age Iowa.  
23      (30)   The Iowa association for home care.  
24      (31)   The Iowa council of health care centers.  
25      (32)   The Iowa physician assistant society.  
26      (33)   The Iowa association of nurse practitioners.  
27      (34)   The Iowa nurse practitioner society.  
28      (35)   The Iowa occupational therapy association.  
29      (36)   The ARC of Iowa, formerly known as the  
30 association for retarded citizens of Iowa.  
31      (37)   The national alliance for the mentally ill on  
32 mental illness of Iowa.  
33      (38)   The Iowa state association of counties.  
34      (39)   The Iowa developmental disabilities council.  
35      (40)   The Iowa chiropractic society.

1 (41) The Iowa academy of nutrition and dietetics.  
2 (42) The Iowa behavioral health association.  
3 (43) The midwest association for medical equipment  
4 services or an affiliated Iowa organization.  
5 (44) The Iowa public health association.  
6 (45) The epilepsy foundation.  
7 (46) The Iowa podiatric medical society.  
8 (47) The child and family policy center.  
9 (48) Early childhood Iowa.  
10 b. Public representatives which may include members  
11 of consumer groups, including recipients of medical  
12 assistance or their families, consumer organizations,  
13 and others, which shall be appointed by the governor  
14 in equal in number to the number of representatives of  
15 the professional and business entities specifically  
16 represented under paragraph "a", appointed by the  
17 governor for staggered terms of two years each, none  
18 of whom shall be members of, or practitioners of, or  
19 have a pecuniary interest in any of the professional  
20 or business entities specifically represented under  
21 paragraph "a", and a majority of whom shall be current  
22 or former recipients of medical assistance or members  
23 of the families of current or former recipients.  
24 3. The council shall include all of the following  
25 nonvoting members:  
26 ~~e.~~ a. The director of public health, or the  
27 director's designee.  
28 ~~d.~~ b. The director of the department on aging, or  
29 the director's designee.  
30 c. The state long-term care ombudsman, or the  
31 ombudsman's designee.  
32 d. The ombudsman appointed pursuant to section  
33 2C.3, or the ombudsman's designee.  
34 e. The dean of Des Moines university — osteopathic  
35 medical center, or the dean's designee.

1     *f.* The dean of the university of Iowa college of  
2 medicine, or the dean's designee.

3     *g.* The following members of the general assembly,  
4 each for a term of two years as provided in section  
5 69.16B:

6       (1) Two members of the house of representatives,  
7 one appointed by the speaker of the house of  
8 representatives and one appointed by the minority  
9 leader of the house of representatives from their  
10 respective parties.

11       (2) Two members of the senate, one appointed by the  
12 president of the senate after consultation with the  
13 majority leader of the senate and one appointed by the  
14 minority leader of the senate.

15     ~~3.~~ 4. a. An executive committee of the council is  
16 created and shall consist of the following members of  
17 the council:

18       (1) As voting members:

19       (a) Five of the professional or business entity  
20 members designated pursuant to [subsection 2](#), paragraph  
21 "a", and selected by the members specified under that  
22 paragraph.

23       ~~(2)~~ (b) Five of the public members appointed  
24 pursuant to [subsection 2](#), paragraph "b", and selected  
25 by the members specified under that paragraph. Of the  
26 five public members, at least one member shall be a  
27 recipient of medical assistance.

28       ~~(3)~~ (2) As nonvoting members:

29       (a) The director of public health, or the  
30 director's designee.

31       (b) The director of the department on aging, or the  
32 director's designee.

33       (c) The state long-term care ombudsman, or the  
34 ombudsman's designee.

35       (d) The ombudsman appointed pursuant to section

1 2C.3, or the ombudsman's designee.

2     b. The executive committee shall meet on a monthly  
3 basis. ~~The director of public health~~ A public member  
4 of the executive committee selected by the public  
5 members appointed pursuant to subsection 2, paragraph  
6 "b", and a professional or business entity member of  
7 the executive committee selected by the professional  
8 or business entity members appointed pursuant to  
9 subsection 2, paragraph "a", shall serve as chairperson  
10 co-chairpersons of the executive committee.

11     c. Based upon the deliberations of the council and  
12 the executive committee, the council and the executive  
13 committee, respectively, shall make recommendations to  
14 the director, to the health policy oversight committee  
15 created in section 2.45, to the general assembly's  
16 joint appropriations subcommittee on health and human  
17 services, and to the general assembly's standing  
18 committees on human resources regarding the budget,  
19 policy, and administration of the medical assistance  
20 program.

21     5. The council shall review Medicaid program  
22 policies, administration, budget, and other factors  
23 and issues including but not limited to stakeholder  
24 safeguards; long-term services and supports;  
25 transparency, data, and program evaluation; program  
26 integrity; and the health workforce.

27     4. 6. For each council meeting or executive  
28 committee meeting, a quorum shall consist of fifty  
29 percent of the membership qualified to vote. Where a  
30 quorum is present, a position is carried by a majority  
31 of the members qualified to vote.

32     7. For each council meeting, other than those  
33 held during the time the general assembly is in  
34 session, each legislative member of the council shall  
35 be reimbursed for actual travel and other necessary

1 expenses and shall receive a per diem as specified  
2 in section 7E.6 for each day in attendance, as shall  
3 the members of the council or the executive committee,  
4 for each day in attendance at a council or executive  
5 committee meeting, who are recipients or the family  
6 members of recipients of medical assistance, regardless  
7 of whether the general assembly is in session.

8 ~~5.~~ 8. The department shall provide staff support  
9 and independent technical assistance to the council and  
10 the executive committee.

11 ~~6.~~ 9. The director shall ~~consider~~ comply with the  
12 requirements of this section regarding the duties of  
13 the council, and the deliberations and recommendations  
14 ~~offered by~~ of the council and the executive committee  
15 shall be reflected in the director's preparation  
16 of medical assistance budget recommendations to  
17 the council on human services pursuant to section  
18 217.3, and in implementation of medical assistance  
19 program policies, and in administration of the Medicaid  
20 program.

21 10. The council and executive committee shall  
22 jointly submit quarterly reports to the health policy  
23 oversight committee created in section 2.45 and shall  
24 jointly submit a report to the governor and the general  
25 assembly initially by January 1, 2017, and annually,  
26 therefore, summarizing the outcomes and findings of  
27 their respective deliberations and any recommendations  
28 including but not limited to those for changes in law  
29 or policy.

30 11. The council and executive committee may enlist  
31 the services of persons who are qualified by education,  
32 expertise, or experience to advise, consult with, or  
33 otherwise assist the council or executive committee  
34 in the performance of their duties. The council  
35 or executive committee may specifically enlist the



1 assistance of entities such as the university of Iowa  
2 public policy center to provide ongoing evaluation  
3 of the Medicaid program and to make evidence-based  
4 recommendations to improve the program. The council  
5 and the executive committee shall enlist input from  
6 the patient-centered health advisory council created  
7 in section 135.159, the mental health and disabilities  
8 services commission created in section 225C.5, the  
9 commission on aging created in section 231.11, the  
10 bureau of substance abuse of the department of public  
11 health, the Iowa developmental disabilities council,  
12 and other appropriate state and local entities to  
13 provide advice to the council and executive committee.  
14 12. The department, in accordance with 42 C.F.R.  
15 §431.12, shall seek federal financial participation  
16 for the activities of the council and the executive  
17 committee.

18 HAWK-I PROGRAM

19 Sec. 70. Section 514I.5, subsection 3, Code 2016,  
20 is amended to read as follows:

21 3. Members appointed by the governor shall serve  
22 two-year staggered terms as designated by the governor,  
23 and legislative members of the board shall serve  
24 two-year terms. The filling of positions reserved  
25 for the public representatives, vacancies, membership  
26 terms, payment of compensation and expenses, and  
27 removal of the members are governed by [chapter 69](#).  
28 Additionally, a vacancy of a member appointed by the  
29 governor or of a legislative member shall be filled as  
30 expeditiously as possible, and no later than within six  
31 months following a resignation, expiration of a term,  
32 or a notice of a vacancy. Members of the board are  
33 entitled to receive reimbursement of actual expenses  
34 incurred in the discharge of their duties. Public  
35 members of the board are also eligible to receive

1 compensation as provided in [section 7E.6](#). A majority  
2 of the voting members constitutes a quorum and the  
3 affirmative vote of a majority of the voting members is  
4 necessary for any substantive action to be taken by the  
5 board. The members shall select a chairperson on an  
6 annual basis from among the membership of the board.

7 Sec. 71. Section 514I.5, subsection 8, paragraph  
8 d, Code 2016, is amended by adding the following new  
9 subparagraph:

10 NEW SUBPARAGRAPH. (17) Occupational therapy.

11 Sec. 72. Section 514I.5, subsection 8, Code 2016,  
12 is amended by adding the following new paragraph:

13 NEW PARAGRAPH. *m.* The definition of medically  
14 necessary and the utilization management criteria under  
15 the hawk-i program in order to ensure that benefits  
16 are uniformly and consistently provided across all  
17 participating insurers in the type and manner that  
18 reflects and appropriately meets the needs, including  
19 but not limited to the habilitative and rehabilitative  
20 needs, of the child population including those children  
21 with special health care needs.

## 22 MEDICAID PROGRAM POLICY IMPROVEMENT

23 Sec. 73. DIRECTIVES FOR MEDICAID PROGRAM POLICY  
24 IMPROVEMENTS. In order to safeguard the interests  
25 of Medicaid recipients, encourage the participation  
26 of Medicaid providers, and protect the interests  
27 of all taxpayers, the department of human services  
28 shall comply with or ensure that the specified entity  
29 complies with all of the following and shall amend  
30 Medicaid managed care contract provisions as necessary  
31 to reflect all of the following:

### 32 1. CONSUMER PROTECTIONS.

33 a. In accordance with 42 C.F.R. §438.420, a  
34 Medicaid managed care organization shall continue a  
35 recipient's benefits during an appeal process. If, as

1 allowed when final resolution of an appeal is adverse  
2 to the Medicaid recipient, the Medicaid managed care  
3 organization chooses to recover the costs of the  
4 services furnished to the recipient while an appeal is  
5 pending, the Medicaid managed care organization shall  
6 provide adequate prior notice of potential recovery  
7 of costs to the recipient at the time the appeal is  
8 filed, and any costs recovered shall be remitted to the  
9 department of human services.

10 b. Ensure that each Medicaid managed care  
11 organization provides, at a minimum, all the benefits  
12 and services deemed medically necessary including  
13 transportation that were covered, including to the  
14 extent and in the same manner and subject to the same  
15 prior authorization criteria, by the state program  
16 directly under fee for service prior to January 1,  
17 2016. Benefits covered through Medicaid managed care  
18 shall comply with the specific requirements in state  
19 law applicable to the respective Medicaid recipient  
20 population under fee for service.

21 c. Enhance monitoring of the reduction in or  
22 suspension or termination of services provided to  
23 Medicaid recipients, including reductions in the  
24 provision of home and community-based services waiver  
25 services or increases in home and community-based  
26 services waiver waiting lists. Medicaid managed care  
27 organizations shall provide data to the department  
28 as necessary for the department to compile periodic  
29 reports on the numbers of individuals transferred from  
30 state institutions and long-term care facilities to  
31 home and community-based services, and the associated  
32 savings. Any savings resulting from the transfers as  
33 certified by the department shall be remitted to the  
34 department of human services.

35 d. (1) Require each Medicaid managed care

1 organization to adhere to reasonableness and service  
2 authorization standards that are appropriate for and  
3 do not disadvantage those individuals who have ongoing  
4 chronic conditions or who require long-term services  
5 and supports. Services and supports for individuals  
6 with ongoing chronic conditions or who require  
7 long-term services and supports shall be authorized in  
8 a manner that reflects the recipient's continuing need  
9 for such services and supports, and limits shall be  
10 consistent with a recipient's current needs assessment  
11 and person-centered service plan.

12 (2) In addition to other provisions relating to  
13 community-based case management continuity of care  
14 requirements, Medicaid managed care contractors shall  
15 provide the option to the case manager of a Medicaid  
16 recipient who retained the case manager during the  
17 six months of transition to Medicaid managed care, if  
18 the recipient chooses to continue to retain that case  
19 manager beyond the six-month transition period and  
20 if the case manager is not otherwise a participating  
21 provider of the recipient's managed care organization  
22 provider network, to enter into a single case agreement  
23 to continue to provide case management services to the  
24 Medicaid recipient.

25 e. Ensure that Medicaid recipients are provided  
26 care coordination and case management by appropriately  
27 trained professionals in a conflict-free manner. Care  
28 coordination and case management shall be provided  
29 in a patient-centered and family-centered manner  
30 that requires a knowledge of community supports, a  
31 reasonable ratio of care coordinators and case managers  
32 to Medicaid recipients, standards for frequency of  
33 contact with the Medicaid recipient, and specific and  
34 adequate reimbursement.

35 f. A Medicaid managed care contract shall include

1 a provision for continuity and coordination of care  
2 for a consumer transitioning to Medicaid managed care,  
3 including maintaining existing provider-recipient  
4 relationships and honoring the amount, duration, and  
5 scope of a recipient's authorized services based on  
6 the recipient's medical history and needs. In the  
7 initial transition to Medicaid managed care, to ensure  
8 the least amount of disruption, Medicaid managed  
9 care organizations shall provide, at a minimum, a  
10 one-year transition of care period for all provider  
11 types, regardless of network status with an individual  
12 Medicaid managed care organization.

13 g. Ensure that a Medicaid managed care organization  
14 does not arbitrarily deny coverage for medically  
15 necessary services based solely on financial reasons  
16 and does not shift the responsibility for provision of  
17 services or payment of costs of services to another  
18 entity to avoid costs or attain savings.

19 h. Ensure that dental coverage, if not integrated  
20 into an overall Medicaid managed care contract, is  
21 part of the overall holistic, integrated coverage  
22 for physical, behavioral, and long-term services and  
23 supports provided to a Medicaid recipient.

24 i. Require each Medicaid managed care organization  
25 to verify the offering and actual utilization of  
26 services and supports and value-added services,  
27 an individual recipient's encounters and the costs  
28 associated with each encounter, and requests and  
29 associated approvals or denials of services.  
30 Verification of actual receipt of services and supports  
31 and value-added services shall, at a minimum, consist  
32 of comparing receipt of service against both what  
33 was authorized in the recipient's benefit or service  
34 plan and what was actually reimbursed. Value-added  
35 services shall not be reportable as allowable medical

1 or administrative costs or factored into rate setting,  
2 and the costs of value-added services shall not be  
3 passed on to recipients or providers.

4 j. Provide periodic reports to the governor and  
5 the general assembly regarding changes in quality of  
6 care and health outcomes for Medicaid recipients under  
7 managed care compared to quality of care and health  
8 outcomes of the same populations of Medicaid recipients  
9 prior to January 1, 2016.

10 k. Require each Medicaid managed care organization  
11 to maintain records of complaints, grievances, and  
12 appeals, and report the number and types of complaints,  
13 grievances, and appeals filed, the resolution of each,  
14 and a description of any patterns or trends identified  
15 to the department of human services and the health  
16 policy oversight committee created in section 2.45,  
17 on a monthly basis. The department shall review and  
18 compile the data on a quarterly basis and make the  
19 compilations available to the public. Following review  
20 of reports submitted by the department, a Medicaid  
21 managed care organization shall take any corrective  
22 action required by the department and shall be subject  
23 to any applicable penalties.

24 l. Require Medicaid managed care organizations to  
25 survey Medicaid recipients, to collect satisfaction  
26 data using a uniform instrument, and to provide a  
27 detailed analysis of recipient satisfaction as well as  
28 various metrics regarding the volume of and timelines  
29 in responding to recipient complaints and grievances as  
30 directed by the department of human services.

31 m. Require managed care organizations to allow a  
32 recipient to request that the managed care organization  
33 enter into a single case agreement with a recipient's  
34 out-of-network provider, including a provider outside  
35 of the state, to provide for continuity of care when

1 the recipient has an existing relationship with the  
2 provider to provide a covered benefit, or to ensure  
3 adequate or timely access to a provider of a covered  
4 benefit when the managed care organization provider  
5 network cannot ensure such adequate or timely access.

6 2. CHILDREN.

7 a. (1) The hawk-i board shall retain all authority  
8 specified under chapter 514I relative to the children  
9 eligible under section 514I.8 to participate in the  
10 hawk-i program, including but not limited to approving  
11 any contract entered into pursuant to chapter 514I;  
12 approving the benefit package design, reviewing the  
13 benefit package design, and making necessary changes  
14 to reflect the results of the reviews; and adopting  
15 rules for the hawk-i program including those related  
16 to qualifying standards for selecting participating  
17 insurers for the program and the benefits to be  
18 included in a health plan.

19 (2) The hawk-i board shall review benefit plans  
20 and utilization review provisions and ensure that  
21 benefits provided to children under the hawk-i program,  
22 at a minimum, reflect those required by state law as  
23 specified in section 514I.5, include both habilitative  
24 and rehabilitative services, and are provided as  
25 medically necessary relative to the child population  
26 served and based on the needs of the program recipient  
27 and the program recipient's medical history.

28 (3) The hawk-i board shall work with the department  
29 of human services to coordinate coverage and care for  
30 the population of children in the state eligible for  
31 either Medicaid or hawk-i coverage so that, to the  
32 greatest extent possible, the two programs provide for  
33 continuity of care as children transition between the  
34 two programs or to private health care coverage. To  
35 this end, all contracts with participating insurers

1 providing coverage under the hawk-i program and with  
2 all managed care organizations providing coverage for  
3 children eligible for Medicaid shall do all of the  
4 following:

5 (a) Specifically and appropriately address  
6 the unique needs of children and children's health  
7 delivery.

8 (b) Provide for the maintaining of child health  
9 panels that include representatives of child health,  
10 welfare, policy, and advocacy organizations in the  
11 state that address child health and child well-being.

12 (c) Address early intervention and prevention  
13 strategies, the provision of a child health care  
14 delivery infrastructure for children with special  
15 health care needs, utilization of current standards  
16 and guidelines for children's health care and  
17 pediatric-specific screening and assessment tools,  
18 the inclusion of pediatric specialty providers in  
19 the provider network, and the utilization of health  
20 homes for children and youth with special health  
21 care needs including intensive care coordination  
22 and family support and access to a professional  
23 family-to-family support system. Such contracts  
24 shall utilize pediatric-specific quality measures  
25 and assessment tools which shall align with existing  
26 pediatric-specific measures as determined in  
27 consultation with the child health panel and approved  
28 by the hawk-i board.

29 (d) Provide special incentives for innovative  
30 and evidence-based preventive, behavioral, and  
31 developmental health care and mental health care  
32 for children's programs that improve the life course  
33 trajectory of these children.

34 (e) Provide that information collected from the  
35 pediatric-specific assessments be used to identify



1 health risks and social determinants of health that  
2 impact health outcomes. Such data shall be used in  
3 care coordination and interventions to improve patient  
4 outcomes and to drive program designs that improve the  
5 health of the population. Aggregate assessment data  
6 shall be shared with affected providers on a routine  
7 basis.

8     b. In order to monitor the quality of and access  
9 to health care for children receiving coverage under  
10 the Medicaid program, each Medicaid managed care  
11 organization shall uniformly report, in a template  
12 format designated by the department of human services,  
13 the number of claims submitted by providers and the  
14 percentage of claims approved by the Medicaid managed  
15 care organization for the early and periodic screening,  
16 diagnostic, and treatment (EPSDT) benefit based  
17 on the Iowa EPSDT care for kids health maintenance  
18 recommendations, including but not limited to  
19 physical exams, immunizations, the seven categories of  
20 developmental and behavioral screenings, vision and  
21 hearing screenings, and lead testing.

22     3. PROVIDER PARTICIPATION ENHANCEMENT.

23     a. Ensure that savings achieved through Medicaid  
24 managed care does not come at the expense of further  
25 reductions in provider rates. The department shall  
26 ensure that Medicaid managed care organizations use  
27 reasonable reimbursement standards for all provider  
28 types and compensate providers for covered services at  
29 not less than the minimum reimbursement established  
30 by state law applicable to fee for service for a  
31 respective provider, service, or product for a fiscal  
32 year and as determined in conjunction with actuarially  
33 sound rate setting procedures. Such reimbursement  
34 shall extend for the entire duration of a managed care  
35 contract.

1     b. To enhance continuity of care in the provision  
2 of pharmacy services, Medicaid managed care  
3 organizations shall utilize the same preferred drug  
4 list, recommended drug list, prior authorization  
5 criteria, and other utilization management strategies  
6 that apply to the state program directly under fee for  
7 service and shall apply other provisions of applicable  
8 state law including those relating to chemically unique  
9 mental health prescription drugs. Reimbursement rates  
10 established under Medicaid managed care contracts for  
11 ingredient cost reimbursement and dispensing fees shall  
12 be subject to and shall reflect provisions of state  
13 and federal law, including the minimum reimbursements  
14 established in state law for fee for service for a  
15 fiscal year.

16     c. Address rate setting and reimbursement of the  
17 entire scope of services provided under the Medicaid  
18 program to ensure the adequacy of the provider network  
19 and to ensure that providers that contribute to the  
20 holistic health of the Medicaid recipient, whether  
21 inside or outside of the provider network, are  
22 compensated for their services.

23     d. Managed care contractors shall submit financial  
24 documentation to the department of human services  
25 demonstrating payment of claims and expenses by  
26 provider type.

27     e. Participating Medicaid providers under a managed  
28 care contract shall be allowed to submit claims for up  
29 to 365 days following discharge of a Medicaid recipient  
30 from a hospital or following the date of service.

31     f. (1) Ensure that a Medicaid managed care  
32 organization develops and maintains a provider network  
33 of qualified providers who meet state licensing,  
34 credentialing, and certification requirements, as  
35 applicable, which network shall be sufficient to

1 provide adequate access to all services covered  
2 including transportation and for all populations served  
3 under the managed care contract. Medicaid managed  
4 care organizations shall incorporate existing and  
5 traditional providers, including but not limited to  
6 those providers that comprise the Iowa collaborative  
7 safety net provider network created in section 135.153,  
8 into their provider networks.

9 (2) Ensure that respective Medicaid populations  
10 are managed at all times within funding limitations  
11 and contract terms. The department shall also  
12 monitor service delivery and utilization to ensure  
13 the responsibility for provision of services to  
14 Medicaid recipients is not shifted to non-Medicaid  
15 covered services to attain savings, and that such  
16 responsibility is not shifted to mental health and  
17 disability services regions, local public health  
18 agencies, aging and disability resource centers,  
19 or other entities unless agreement to provide, and  
20 provision for adequate compensation for, such services  
21 is agreed to between the affected entities in advance.

22 g. Medicaid managed care organizations shall  
23 provide an enrolled Medicaid provider approved by the  
24 department of human services the opportunity to be a  
25 participating network provider.

26 h. Medicaid managed care organizations shall  
27 include provider appeals and grievance procedures  
28 that in part allow a provider to file a grievance  
29 independently but on behalf of a Medicaid recipient  
30 and to appeal claims denials which, if determined to  
31 be based on claims for medically necessary services  
32 whether or not denied on an administrative basis, shall  
33 receive appropriate payment.

34 i. (1) Medicaid managed care organizations  
35 shall include as primary care providers any provider

1 designated by the state as a primary care provider,  
2 subject to a provider's respective state certification  
3 standards, including but not limited to all of the  
4 following:

5 (a) A physician who is a family or general  
6 practitioner, a pediatrician, an internist, an  
7 obstetrician, or a gynecologist.

8 (b) An advanced registered nurse practitioner.

9 (c) A physician assistant.

10 (d) A chiropractor licensed pursuant to chapter  
11 151.

12 (2) A Medicaid managed care organization shall not  
13 impose more restrictive, additional, or different scope  
14 of practice requirements or standards of practice on a  
15 primary care provider than those prescribed by state  
16 law as a prerequisite for participation in the managed  
17 care organization's provider network.

18 4. CAPITATION RATES AND MEDICAL LOSS RATIO.

19 a. Capitation rates shall be developed based on all  
20 reasonable, appropriate, and attainable costs. Costs  
21 that are not reasonable, appropriate, or attainable,  
22 including but not limited to improper payment  
23 recoveries, shall not be included in the development  
24 of capitated rates.

25 b. Capitation rates for Medicaid recipients falling  
26 within different rate cells shall not be expected to  
27 cross-subsidize one another and the data used to set  
28 capitation rates shall be relevant and timely and tied  
29 to the appropriate Medicaid population.

30 c. Any increase in capitation rates for managed  
31 care contractors is subject to prior statutory approval  
32 and shall not exceed three percent over the existing  
33 capitation rate in any one-year period or five percent  
34 over the existing capitation rate in any two-year  
35 period.

1 d. A managed care contract shall impose a minimum  
2 Medicaid loss ratio of at least eighty-eight percent.  
3 In calculating the medical loss ratio, medical costs  
4 or benefit expenses shall include only those costs  
5 directly related to patient medical care and not  
6 ancillary expenses, including but not limited to any  
7 of the following:

- 8 (1) Program integrity activities.
- 9 (2) Utilization review activities.
- 10 (3) Fraud prevention activities beyond the scope of
- 11 those activities necessary to recover incurred claims.
- 12 (4) Provider network development, education, or
- 13 management activities.
- 14 (5) Provider credentialing activities.
- 15 (6) Marketing expenses.
- 16 (7) Administrative costs associated with recipient
- 17 incentives.
- 18 (8) Clinical data collection activities.
- 19 (9) Claims adjudication expenses.
- 20 (10) Customer service or health care professional
- 21 hotline services addressing nonclinical recipient
- 22 questions.
- 23 (11) Value-added or cost-containment services,
- 24 wellness programs, disease management, and case
- 25 management or care coordination programs.
- 26 (12) Health quality improvement activities unless
- 27 specifically approved as a medical cost by state law.
- 28 Costs of health quality improvement activities included
- 29 in determining the medical loss ratio shall be only
- 30 those activities that are independent improvements
- 31 measurable in individual patients.
- 32 (13) Insurer claims review activities.
- 33 (14) Information technology costs unless they
- 34 directly and credibly improve the quality of health
- 35 care and do not duplicate, conflict with, or fail to be

1 compatible with similar health information technology  
2 efforts of providers.

3 (15) Legal department costs including information  
4 technology costs, expenses incurred for review and  
5 denial of claims, legal costs related to defending  
6 claims, settlements for wrongly denied claims, and  
7 costs related to administrative claims handling  
8 including salaries of administrative personnel and  
9 legal costs.

10 (16) Taxes unrelated to premiums or the provision  
11 of medical care. Only state and federal taxes and  
12 licensing or regulatory fees relevant to actual  
13 premiums collected, not including such taxes and fees  
14 as property taxes, taxes on investment income, taxes on  
15 investment property, and capital gains taxes, may be  
16 included in determining the medical loss ratio.

17 e. (1) Provide enhanced guidance and criteria for  
18 defining medical and administrative costs, recoveries,  
19 and rebates including pharmacy rebates, and the  
20 recording, reporting, and recoupment of such costs,  
21 recoveries, and rebates realized.

22 (2) Medicaid managed care organizations shall  
23 offset recoveries, rebates, and refunds against  
24 medical costs, include only allowable administrative  
25 expenses in the determination of administrative costs,  
26 report costs related to subcontractors properly, and  
27 have complete systems checks and review processes to  
28 identify overpayment possibilities.

29 (3) Medicaid managed care contractors shall submit  
30 publicly available, comprehensive financial statements  
31 to the department of human services to verify that the  
32 minimum medical loss ratio is being met and shall be  
33 subject to periodic audits.

34 5. DATA AND INFORMATION, EVALUATION, AND OVERSIGHT.

35 a. Develop and administer a clear, detailed policy

1 regarding the collection, storage, integration,  
2 analysis, maintenance, retention, reporting, sharing,  
3 and submission of data and information from the  
4 Medicaid managed care organizations and shall require  
5 each Medicaid managed care organization to have in  
6 place a data and information system to ensure that  
7 accurate and meaningful data is available. At a  
8 minimum, the data shall allow the department to  
9 effectively measure and monitor Medicaid managed care  
10 organization performance, quality, outcomes including  
11 recipient health outcomes, service utilization,  
12 finances, program integrity, the appropriateness  
13 of payments, and overall compliance with contract  
14 requirements; perform risk adjustments and determine  
15 actuarially sound capitation rates and appropriate  
16 provider reimbursements; verify that the minimum  
17 medical loss ratio is being met; ensure recipient  
18 access to and use of services; create quality measures;  
19 and provide for program transparency.

20     b. Medicaid managed care organizations shall  
21 directly capture and retain and shall report actual and  
22 detailed medical claims costs and administrative cost  
23 data to the department as specified by the department.  
24 Medicaid managed care organizations shall allow the  
25 department to thoroughly and accurately monitor the  
26 medical claims costs and administrative costs data  
27 Medicaid managed care organizations report to the  
28 department.

29     c. Any audit of Medicaid managed care contracts  
30 shall ensure compliance including with respect to  
31 appropriate medical costs, allowable administrative  
32 costs, the medical loss ratio, cost recoveries,  
33 rebates, overpayments, and with specific contract  
34 performance requirements.

35     d. The external quality review organization

1 contracting with the department shall review the  
2 Medicaid managed care program to determine if the  
3 state has sufficient infrastructure and controls in  
4 place to effectively oversee the Medicaid managed care  
5 organizations and the Medicaid program in order to  
6 ensure, at a minimum, compliance with Medicaid managed  
7 care organization contracts and to prevent fraud,  
8 abuse, and overpayments. The results of any external  
9 quality review organization review shall be submitted  
10 to the governor, the general assembly, and the health  
11 policy oversight committee created in section 2.45.

12 e. Publish benchmark indicators based on Medicaid  
13 program outcomes from the fiscal year beginning July 1,  
14 2015, to be used to compare outcomes of the Medicaid  
15 program as administered by the state program prior  
16 to July 1, 2015, to those outcomes of the program  
17 under Medicaid managed care. The outcomes shall  
18 include a comparison of actual costs of the program  
19 as administered prior to and after implementation of  
20 Medicaid managed care. The data shall also include  
21 specific detail regarding the actual expenses incurred  
22 by each managed care organization by specific provider  
23 line of service.

24 f. Review and approve or deny approval of contract  
25 amendments on an ongoing basis to provide for  
26 continuous improvement in Medicaid managed care and  
27 to incorporate any changes based on changes in law or  
28 policy.

29 g. (1) Require managed care contractors to track  
30 and report on a monthly basis to the department of  
31 human services, at a minimum, all of the following:

32 (a) The number and details relating to prior  
33 authorization requests and denials.

34 (b) The ten most common reasons for claims denials.  
35 Information reported by a managed care contractor



1 relative to claims shall also include the number  
2 of claims denied, appealed, and overturned based on  
3 provider type and service type.

4 (c) Utilization of health care services by  
5 diagnostic related group and ambulatory payment  
6 classification as well as total claims volume.

7 (2) The department shall ensure the validity  
8 of all information submitted by a Medicaid managed  
9 care organization and shall make the monthly reports  
10 available to the public.

11 h. Medicaid managed care organizations shall  
12 maintain stakeholder panels comprised of an equal  
13 number of Medicaid recipients and providers. Medicaid  
14 managed care organizations shall provide for separate  
15 provider-specific panels to address detailed payment,  
16 claims, process, and other issues as well as grievance  
17 and appeals processes.

18 i. Medicaid managed care contracts shall align  
19 economic incentives, delivery system reforms, and  
20 performance and outcome metrics with those of the state  
21 innovation models initiatives and Medicaid accountable  
22 care organizations. The department of human services  
23 shall develop and utilize a common, uniform set of  
24 process, quality, and consumer satisfaction measures  
25 across all Medicaid payors and providers that align  
26 with those developed through the state innovation  
27 models initiative and shall ensure that such measures  
28 are expanded and adjusted to address additional  
29 populations and to meet population health objectives.  
30 Medicaid managed care contracts shall include long-term  
31 performance and outcomes goals that reward success in  
32 achieving population health goals such as improved  
33 community health metrics.

34 j. (1) Require consistency and uniformity of  
35 processes, procedures, reports, and forms across

1 all Medicaid managed care organizations to reduce  
2 the administrative burden to providers and consumers  
3 and to increase efficiencies in the program. Such  
4 requirements shall apply to but are not limited to  
5 areas of uniform cost and quality reporting, uniform  
6 prior authorization requirements and procedures,  
7 uniform utilization management criteria, centralized,  
8 uniform, and seamless credentialing requirements and  
9 procedures, and uniform critical incident reporting.

10 (2) The department of human services shall  
11 establish a comprehensive provider credentialing  
12 process to be recognized and utilized by all Medicaid  
13 managed care organization contractors. The process  
14 shall meet the national committee for quality assurance  
15 and other appropriate standards. The process shall  
16 ensure that credentialing is completed in a timely  
17 manner without disruption to provider billing  
18 processes.

19 k. Medicaid managed care organizations and any  
20 entity with which a managed care organization contracts  
21 for the performance of services shall disclose at no  
22 cost to the department all discounts, incentives,  
23 rebates, fees, free goods, bundling arrangements, and  
24 other agreements affecting the net cost of goods or  
25 services provided under a managed care contract.

26 Sec. 74. RETROACTIVE APPLICABILITY. The section  
27 of this division of this Act relating to directives  
28 for Medicaid program policy improvements applies  
29 retroactively to July 1, 2015.

30 Sec. 75. EFFECTIVE UPON ENACTMENT. This division  
31 of this Act, being deemed of immediate importance,  
32 takes effect upon enactment.

33 DIVISION XIV

34 CHILDREN'S MENTAL HEALTH AND WELL-BEING

35 Sec. 76. CHILDREN'S MENTAL HEALTH CRISIS SERVICES

1 — PLANNING GRANTS.

2 1. The department of human services shall establish  
3 a request for proposals process, in cooperation  
4 with the departments of public health and education  
5 and the judicial branch, which shall be based upon  
6 recommendations for children's mental health crisis  
7 services described in the children's mental health and  
8 well-being workgroup final report submitted to the  
9 department on December 15, 2015.

10 2. Planning grants shall be awarded to two lead  
11 entities. Each lead entity should be a member of  
12 a specifically designated coalition of three to  
13 four other entities that propose to serve different  
14 geographically defined areas of the state, but a lead  
15 entity shall not be a mental health and disability  
16 services region.

17 3. The request for proposals shall require each  
18 grantee to develop a plan for children's mental health  
19 crisis services for the grantee's defined geographic  
20 area that includes all of the following:

21 a. Identification of the existing children's mental  
22 health crisis services in the defined area.

23 b. Identification of gaps in children's mental  
24 health crisis services in the defined area.

25 c. A plan for collection of data that demonstrates  
26 the effects of children's mental health crisis services  
27 through the collection of outcome data and surveys of  
28 the children affected and their families.

29 d. A method for using federal, state, and other  
30 funding including funding currently available, to  
31 implement and support children's mental health crisis  
32 services.

33 e. Utilization of collaborative processes developed  
34 from the recommendations from the children's mental  
35 health and well-being workgroup final report submitted

1 to the department on December 15, 2015.

2 f. A recommendation for any additional state  
3 funding needed to establish a children's mental health  
4 crisis service system in the defined area.

5 g. A recommendation for statewide standard  
6 requirements for children's mental health crisis  
7 services, as defined in the children's mental health  
8 and well-being workgroup final report submitted to the  
9 department of human services on December 15, 2015,  
10 including but not limited to all of the following:

11 (1) Standardized primary care practitioner  
12 screenings.

13 (2) Standardized mental health crisis screenings.

14 (3) Standardized mental health and substance use  
15 disorder assessments.

16 (4) Requirements for certain inpatient psychiatric  
17 hospitals and psychiatric medical institutions for  
18 children to accept and treat all children regardless of  
19 the acuity of their condition.

20 4. Each grantee shall submit a report to the  
21 department by December 15, 2016. The department  
22 shall combine the essentials of each report and shall  
23 submit a report to the general assembly by January  
24 15, 2017, regarding the department's conclusions and  
25 recommendations.

26 Sec. 77. CHILDREN'S WELL-BEING LEARNING LABS. The  
27 department of human services, utilizing existing  
28 departmental resources and with the continued  
29 assistance of a private child welfare foundation  
30 focused on improving child well-being, shall study  
31 and collect data on emerging, collaborative efforts  
32 in existing programs engaged in addressing well-being  
33 for children with complex needs and their families in  
34 communities across the state. The department shall  
35 establish guidelines based upon recommendations in

1 the children's mental health and well-being workgroup  
2 final report submitted to the department on December  
3 15, 2015, to select three to five such programs to  
4 be designated learning labs to enable the department  
5 to engage in a multi-site learning process during the  
6 2016 calendar year with a goal of creating an expansive  
7 structured learning network. The department shall  
8 submit a report with recommendations including lessons  
9 learned, suggested program design refinements, and  
10 implications for funding, policy changes, and best  
11 practices to the general assembly by January 15, 2017.

12     Sec. 78. DEPARTMENT OF HUMAN SERVICES — ADDITIONAL  
13 STUDY REPORTS. The department of human services shall,  
14 in consultation with the department of public health,  
15 the mental health and disability services commission,  
16 and the mental health planning council, submit a  
17 report with recommendations to the general assembly by  
18 December 15, 2016, regarding all of the following:

19     1. The creation and implementation of a statewide  
20 children's mental health crisis service system to  
21 include but not be limited to an inventory of all  
22 current children's mental health crisis service systems  
23 in the state including children's mental health crisis  
24 service system telephone lines. The report shall  
25 include recommendations regarding proposed changes to  
26 improve the effectiveness of and access to children's  
27 mental health crisis services.

28     2. The development and implementation of a  
29 children's mental health public education and awareness  
30 campaign that targets the reduction of stigma for  
31 children with mental illness and that supports children  
32 with mental illness and their families in seeking  
33 effective treatment. The plan shall include potential  
34 methods for funding such a campaign.

35     Sec. 79. CHILDREN'S MENTAL HEALTH AND WELL-BEING

1 ADVISORY COMMITTEE. The department of human services  
2 shall create and provide support to a children's mental  
3 health and well-being advisory committee to continue  
4 the coordinated efforts of the children's mental health  
5 subcommittee and the children's well-being subcommittee  
6 of the children's mental health and well-being  
7 workgroup. Consideration shall be given to continued  
8 service by members of the children's mental health and  
9 well-being workgroup created pursuant to 2015 Iowa  
10 Acts, ch. 137, and representatives from the departments  
11 of human services, public health, and education; the  
12 judicial branch; and other appropriate stakeholders  
13 designated by the director. The advisory committee  
14 shall do all of the following:

15 1. Provide guidance regarding implementation of  
16 the recommendations in the children's mental health  
17 and well-being workgroup final report submitted to the  
18 department on December 15, 2015, and subsequent reports  
19 required by this Act.

20 2. Select and study additional children's  
21 well-being learning labs to assure a continued  
22 commitment to joint learning and comparison for all  
23 learning lab sites.

24 DIVISION XV

25 OPIOID ANTAGONIST REVISION

26 Sec. 80. Section 135.190, subsection 1, as enacted  
27 by 2016 Iowa Acts, Senate File 2218, section 1, is  
28 amended by adding the following new paragraph:

29 NEW PARAGRAPH. 0a. *"Licensed health care*  
30 *professional"* means the same as defined in section  
31 280.16.

32 Sec. 81. Section 135.190, as enacted by 2016 Iowa  
33 Acts, Senate File 2218, section 1, is amended by adding  
34 the following new subsections:

35 NEW SUBSECTION. 1A. a. Notwithstanding any other

1 provision of law to the contrary, a licensed health  
2 care professional may prescribe an opioid antagonist to  
3 a person in a position to assist.

4     **b.** (1) Notwithstanding any other provision of law  
5 to the contrary, a pharmacist licensed under chapter  
6 155A may, by standing order or through collaborative  
7 agreement, dispense, furnish, or otherwise provide an  
8 opioid antagonist to a person in a position to assist.

9     (2) A pharmacist who dispenses, furnishes, or  
10 otherwise provides an opioid antagonist pursuant to a  
11 valid prescription, standing order, or collaborative  
12 agreement shall provide instruction to the recipient  
13 in accordance with any protocols and instructions  
14 developed by the department under this section.

15     NEW SUBSECTION. 4. The department may adopt rules  
16 pursuant to chapter 17A to implement and administer  
17 this section.

18     Sec. 82. Section 135.190, subsection 3, as enacted  
19 by 2016 Iowa Acts, Senate File 2218, section 1, is  
20 amended to read as follows:

21     3. A person in a position to assist or a prescriber  
22 of an opioid antagonist who has acted reasonably and in  
23 good faith shall not be liable for any injury arising  
24 from the provision, administration, or assistance in  
25 the administration of an opioid antagonist as provided  
26 in this section.

27     Sec. 83. Section 147A.18, subsections 1 and 5, as  
28 enacted by 2016 Iowa Acts, Senate File 2218, section 3,  
29 are amended to read as follows:

30     1. a. Notwithstanding any other provision of law  
31 to the contrary, a licensed health care professional  
32 may prescribe an opioid antagonist in the name of  
33 a service program, law enforcement agency, or fire  
34 department to be maintained for use as provided in this  
35 section.

1     b. (1) Notwithstanding any other provision of law  
2 to the contrary, a pharmacist licensed under chapter  
3 155A may, by standing order or through collaborative  
4 agreement, dispense, furnish, or otherwise provide an  
5 opioid antagonist in the name of a service program, law  
6 enforcement agency, or fire department to be maintained  
7 for use as provided in this section.

8     (2) A pharmacist who dispenses, furnishes, or  
9 otherwise provides an opioid antagonist pursuant to a  
10 valid prescription, standing order, or collaborative  
11 agreement shall provide instruction to the recipient  
12 in accordance with the protocols and instructions  
13 developed by the department under this section.

14     5. The department ~~shall~~ may adopt rules pursuant  
15 to chapter 17A to implement and administer this  
16 section, ~~including but not limited to standards~~  
17 ~~and procedures for the prescription, distribution,~~  
18 ~~storage, replacement, and administration of opioid~~  
19 ~~antagonists, and for the training and authorization~~  
20 ~~to be required for first responders to administer an~~  
21 ~~opioid antagonist.~~

22     Sec. 84. OPIOID ANTAGONIST IMPLEMENTATION  
23 CONTINGENCY. 2016 Iowa Acts, Senate File 2218, section  
24 4, is repealed.

25     Sec. 85. 2016 Iowa Acts, Senate File 2218, as  
26 enacted, is amended by adding the following new  
27 section:

28     NEW SECTION. SEC. \_\_\_\_. EFFECTIVE UPON ENACTMENT.  
29 This Act, being deemed of immediate importance, takes  
30 effect upon enactment.

31     Sec. 86. EFFECTIVE DATE. This division of this  
32 Act, being deemed of immediate importance, takes effect  
33 upon enactment.

34     Sec. 87. RETROACTIVE APPLICABILITY. This division  
35 of this Act applies retroactively to April 6, 2016.



DIVISION XVI

NURSING GRANT PROGRAMS

Sec. 88. Section 135.178, Code 2016, is amended to read as follows:

**135.178 Nurse residency state matching grants program —repeal.**

~~1.~~ The department shall establish a nurse residency state matching grants program to provide matching state funding to sponsors of nurse residency programs in this state to establish, expand, or support nurse residency programs that meet standards adopted by rule of the department. Funding for the program may be provided through the health care workforce shortage fund or the nurse residency state matching grants program account created in [section 135.175](#). The department, in cooperation with the Iowa board of nursing, the department of education, Iowa institutions of higher education with board of nursing-approved programs to educate nurses, and the Iowa nurses association, shall adopt rules pursuant to [chapter 17A](#) to establish minimum standards for nurse residency programs to be eligible for a matching grant that address all of the following:

~~a.~~ 1. Eligibility requirements for and qualifications of a sponsor of a nurse residency program to receive a grant, including that the program includes both rural and urban components.

~~b.~~ 2. The application process for the grant.

~~c.~~ 3. Criteria for preference in awarding of the grants.

~~d.~~ 4. Determination of the amount of a grant.

~~e.~~ 5. Use of the funds awarded. Funds may be used to pay the costs of establishing, expanding, or supporting a nurse residency program as specified in this section, including but not limited to the costs

1 associated with residency stipends and nursing faculty  
2 stipends.

3 ~~2. This section is repealed June 30, 2016.~~

4 Sec. 89. Section 261.129, Code 2016, is amended to  
5 read as follows:

6 **261.129 Iowa needs nurses now initiative —repeal.**

7 1. *Nurse educator incentive payment program.*

8 a. The commission shall establish a nurse educator  
9 incentive payment program. Funding for the program  
10 may be provided through the health care workforce  
11 shortage fund or the health care professional and  
12 Iowa needs nurses now initiative account created in  
13 section 135.175. For the purposes of *this subsection*,  
14 "nurse educator" means a registered nurse who holds a  
15 master's degree or doctorate degree and is employed  
16 as a faculty member who teaches nursing in a nursing  
17 education program as provided in *655 IAC 2.6* at a  
18 community college, an accredited private institution,  
19 or an institution of higher education governed by the  
20 state board of regents.

21 b. The program shall consist of incentive payments  
22 to recruit and retain nurse educators. The program  
23 shall provide for incentive payments of up to twenty  
24 thousand dollars for a nurse educator who remains  
25 teaching in a qualifying teaching position for a period  
26 of not less than four consecutive academic years.

27 c. The nurse educator and the commission shall  
28 enter into an agreement specifying the obligations of  
29 the nurse educator and the commission. If the nurse  
30 educator leaves the qualifying teaching position prior  
31 to teaching for four consecutive academic years, the  
32 nurse educator shall be liable to repay the incentive  
33 payment amount to the state, plus interest as specified  
34 by rule. However, if the nurse educator leaves the  
35 qualifying teaching position involuntarily, the nurse

1 educator shall be liable to repay only a pro rata  
2 amount of the incentive payment based on incompletd  
3 years of service.

4     *d.* The commission, in consultation with the  
5 department of public health, the board of nursing,  
6 the department of education, and the Iowa nurses  
7 association, shall adopt rules pursuant to [chapter 17A](#)  
8 relating to the establishment and administration of the  
9 nurse educator incentive payment program. The rules  
10 shall include provisions specifying what constitutes a  
11 qualifying teaching position.

12     2. *Nursing faculty fellowship program.*

13     *a.* The commission shall establish a nursing faculty  
14 fellowship program to provide funds to nursing schools  
15 in the state, including but not limited to nursing  
16 schools located at community colleges, for fellowships  
17 for individuals employed in qualifying positions on  
18 the nursing faculty. Funding for the program may be  
19 provided through the health care workforce shortage  
20 fund or the health care professional and the Iowa  
21 needs nurses now initiative account created in section  
22 135.175. The program shall be designed to assist  
23 nursing schools in filling vacancies in qualifying  
24 positions throughout the state.

25     *b.* The commission, in consultation with the  
26 department of public health, the board of nursing,  
27 the department of education, and the Iowa nurses  
28 association, and in cooperation with nursing schools  
29 throughout the state, shall develop a distribution  
30 formula which shall provide that no more than thirty  
31 percent of the available moneys are awarded to a single  
32 nursing school. Additionally, the program shall limit  
33 funding for a qualifying position in a nursing school  
34 to no more than ten thousand dollars per year for up  
35 to three years.

1     c. The commission, in consultation with the  
2 department of public health, the board of nursing,  
3 the department of education, and the Iowa nurses  
4 association, shall adopt rules pursuant to [chapter 17A](#)  
5 to administer the program. The rules shall include  
6 provisions specifying what constitutes a qualifying  
7 position at a nursing school.

8     d. In determining eligibility for a fellowship, the  
9 commission shall consider all of the following:

10     (1) The length of time a qualifying position has  
11 gone unfilled at a nursing school.

12     (2) Documented recruiting efforts by a nursing  
13 school.

14     (3) The geographic location of a nursing school.

15     (4) The type of nursing program offered at the  
16 nursing school, including associate, bachelor's,  
17 master's, or doctoral degrees in nursing, and the need  
18 for the specific nursing program in the state.

19     3. *Nurse educator scholarship program.*

20     a. The commission shall establish a nurse educator  
21 scholarship program. Funding for the program may be  
22 provided through the health care workforce shortage  
23 fund or the health care professional and the Iowa  
24 needs nurses now initiative account created in section  
25 135.175. The goal of the nurse educator scholarship  
26 program is to address the waiting list of qualified  
27 applicants to Iowa's nursing schools by providing  
28 incentives for the training of additional nursing  
29 educators. For the purposes of [this subsection](#), "nurse  
30 educator" means a registered nurse who holds a master's  
31 degree or doctorate degree and is employed as a faculty  
32 member who teaches nursing in a nursing education  
33 program as provided in [655 IAC 2.6](#) at a community  
34 college, an accredited private institution, or an  
35 institution of higher education governed by the state

1 board of regents.

2     **b.** The program shall consist of scholarships to  
3 further advance the education of nurses to become nurse  
4 educators. The program shall provide for scholarship  
5 payments in an amount established by rule for students  
6 who are preparing to teach in qualifying teaching  
7 positions.

8     **c.** The commission, in consultation with the  
9 department of public health, the board of nursing,  
10 the department of education, and the Iowa nurses  
11 association, shall adopt rules pursuant to chapter  
12 17A relating to the establishment and administration  
13 of the nurse educator scholarship program. The rules  
14 shall include provisions specifying what constitutes  
15 a qualifying teaching position and the amount of any  
16 scholarship.

17     **4. Nurse educator**  
18 ***scholarship-in-exchange-for-service program.***

19     **a.** The commission shall establish a nurse educator  
20 scholarship-in-exchange-for-service program. Funding  
21 for the program may be provided through the health care  
22 workforce shortage fund or the health care professional  
23 and Iowa needs nurses now initiative account created  
24 in [section 135.175](#). The goal of the nurse educator  
25 scholarship-in-exchange-for-service program is to  
26 address the waiting list of qualified applicants to  
27 Iowa's nursing schools by providing incentives for the  
28 education of additional nursing educators. For the  
29 purposes of [this subsection](#), "nurse educator" means  
30 a registered nurse who holds a master's degree or  
31 doctorate degree and is employed as a faculty member  
32 who teaches nursing in a nursing education program  
33 as provided in [655 IAC 2.6](#) at a community college,  
34 an accredited private institution, or an institution  
35 of higher education governed by the state board of

1 regents.

2     *b.* The program shall consist of scholarships to  
3 further advance the education of nurses to become  
4 nurse educators. The program shall provide for  
5 scholarship-in-exchange-for-service payments in  
6 an amount established by rule for students who are  
7 preparing to teach in qualifying teaching positions for  
8 a period of not less than four consecutive academic  
9 years.

10     *c.* The scholarship-in-exchange-for-service  
11 recipient and the commission shall enter into an  
12 agreement specifying the obligations of the applicant  
13 and the commission. If the nurse educator leaves the  
14 qualifying teaching position prior to teaching for four  
15 consecutive academic years, the nurse educator shall be  
16 liable to repay the scholarship-in-exchange-for-service  
17 amount to the state plus interest as specified by rule.  
18 However, if the nurse educator leaves the qualified  
19 teaching position involuntarily, the nurse educator  
20 shall be liable to repay only a pro rata amount of the  
21 scholarship based on incomplete years of service.

22     *d.* The receipt of a nurse educator  
23 scholarship-in-exchange-for-service shall not  
24 impact eligibility of an individual for other  
25 financial incentives including but not limited to loan  
26 forgiveness programs.

27     *e.* The commission, in consultation with  
28 the department of public health, the board of  
29 nursing, the department of education, and the Iowa  
30 nurses association, shall adopt rules pursuant  
31 to [chapter 17A](#) relating to the establishment  
32 and administration of the nurse educator  
33 scholarship-in-exchange-for-service program. The  
34 rules shall include the provisions specifying what  
35 constitutes a qualifying teaching position and the

1 amount of any scholarship-in-exchange-for-service.

2 ~~5. *Repeal.* This section is repealed June 30, 2016.~~

3 Sec. 90. EFFECTIVE UPON ENACTMENT. This division  
4 of this Act, being deemed of immediate importance,  
5 takes effect upon enactment.

6 Sec. 91. RETROACTIVE APPLICABILITY. This division  
7 of this Act is retroactively applicable to June 30,  
8 2016.

9 DIVISION XVII

10 NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER  
11 PAYMENT LIMIT SUPPLEMENTAL PAYMENT PROGRAM

12 Sec. 92. Section 249L.2, Code 2016, is amended by  
13 adding the following new subsections:

14 NEW SUBSECTION. 5A. *"Non-state governmental entity"*  
15 means a hospital authority, hospital district, health  
16 care district, city, or county.

17 NEW SUBSECTION. 5B. *"Non-state government-owned*  
18 *nursing facility"* means a nursing facility owned or  
19 operated by a non-state governmental entity for which  
20 a non-state governmental entity holds the nursing  
21 facility's license and is party to the nursing  
22 facility's Medicaid contract.

23 Sec. 93. Section 249L.2, subsection 6, Code 2016,  
24 is amended to read as follows:

25 6. *"Nursing facility"* means a licensed nursing  
26 facility as defined in [section 135C.1](#) that is a  
27 freestanding facility or a nursing facility operated by  
28 a hospital licensed pursuant to [chapter 135B](#), but does  
29 not include a distinct-part skilled nursing unit or a  
30 swing-bed unit operated by a hospital, or a nursing  
31 facility owned by the state or federal government ~~or~~  
32 ~~other governmental unit.~~ *"Nursing facility" includes*  
33 a non-state government-owned nursing facility if  
34 the nursing facility participates in the non-state  
35 government-owned nursing facility upper payment limit

1 supplemental payment program.

2     Sec. 94. NON-STATE GOVERNMENT-OWNED NURSING  
3 FACILITY UPPER PAYMENT LIMIT SUPPLEMENTAL PAYMENT  
4 PROGRAM.

5     1. The department of human services shall submit,  
6 to the centers for Medicare and Medicaid services  
7 (CMS) of the United States department of health and  
8 human services, a Medicaid state plan amendment to  
9 allow qualifying non-state government-owned nursing  
10 facilities to receive a supplemental payment in  
11 accordance with the upper payment limit requirements  
12 pursuant to 42 C.F.R. §447.272. The supplemental  
13 payment shall be in addition to the greater of the  
14 Medicaid fee-for-service per diem reimbursement rate  
15 or the per diem payment established for the nursing  
16 facility under a Medicaid managed care contract.

17     2. At a minimum, the Medicaid state plan amendment  
18 shall provide for all of the following:

19     a. A non-state governmental entity shall provide  
20 the state share of the expected supplemental payment in  
21 the form of an intergovernmental transfer to the state.

22     b. The state shall claim federal matching funds and  
23 shall make supplemental payments to eligible non-state  
24 governmental entities based on the supplemental amount  
25 as calculated by the state for each nursing facility  
26 for which a non-state governmental entity owns the  
27 nursing facility's license. A managed care contractor  
28 shall not retain any portion of the supplemental  
29 payment, but shall treat the supplemental payment  
30 as a pass through payment to the eligible non-state  
31 governmental entity.

32     c. The supplemental payment program shall be budget  
33 neutral to the state. No general fund revenue shall  
34 be expended under the program including for costs  
35 of administration. If payments under the program



1 result in overpayment to a nursing facility, or if CMS  
2 disallows federal participation related to a nursing  
3 facility's receipt or use of supplemental payments  
4 authorized under the program, the state may recoup  
5 an amount equivalent to the amount of supplemental  
6 payments overpaid or disallowed. Supplemental payments  
7 shall be subject to any adjustment for payments made in  
8 error, including but not limited to adjustments made  
9 by state or federal law, and the state may recoup an  
10 amount equivalent to any such adjustment.

11 d. A nursing facility participating in the program  
12 shall notify the state of any changes in ownership that  
13 may affect the nursing facility's continued eligibility  
14 for the program within thirty days of any such change.

15 e. No portion of the supplemental payment paid  
16 to a participating nursing facility may be used for  
17 contingent fees. Expenditures for development fees,  
18 legal fees, or consulting fees shall not exceed five  
19 percent of the supplemental funds received, annually,  
20 and any such expenditures shall be reported to the  
21 department of human services, and included in the  
22 department's annual report pursuant to subsection 3.

23 f. The supplemental payment paid to a participating  
24 nursing facility shall only be used as specified in  
25 state and federal law. Supplemental payments paid to  
26 a participating nursing facility shall only be used as  
27 follows:

28 (1) A portion of the amount received may be used  
29 for nursing facility quality improvement initiatives  
30 including but not limited to educational scholarships  
31 and nonmandatory training. Priority in the awarding  
32 of contracts for such training shall be for Iowa-based  
33 organizations.

34 (2) A portion of the amount received may be  
35 used for nursing facility remodeling or renovation.

1 Priority in the awarding of contracts for such  
2 remodeling or renovations shall be for Iowa-based  
3 organizations and skilled laborers.

4 (3) A portion of the amount received may be used  
5 for health information technology infrastructure and  
6 software. Priority in the awarding of contracts for  
7 such health information technology infrastructure and  
8 software shall be for Iowa-based organizations.

9 (4) A portion of the amount received may be  
10 used for endowments to offset costs associated with  
11 maintenance of hospitals licensed under chapter 135B  
12 and nursing facilities licensed under chapter 135C.

13 g. A non-state governmental entity shall only  
14 be eligible for supplemental payments attributable  
15 to up to 10 percent of the potential non-state  
16 government-owned nursing facilities licensed in the  
17 state.

18 3. Following receipt of approval and implementation  
19 of the program, the department shall submit a report to  
20 the governor and the general assembly, annually, on or  
21 before December 15, regarding the program. The report  
22 shall include, at a minimum, the name and location  
23 of participating non-state governmental entities and  
24 the non-state government-owned nursing facilities  
25 with which the non-state governmental entities have  
26 partnered to participate in the program; the amount  
27 of the matching funds provided by each non-state  
28 governmental entity; the net supplemental payment  
29 amount received by each participating non-governmental  
30 entity and non-state government-owned nursing facility;  
31 and the amount expended for each of the specified  
32 categories of approved expenditure.

33 4. The department of human services shall work  
34 collaboratively with representatives of nursing  
35 facilities, hospitals, and other affected stakeholders

1 in adopting administrative rules, and in implementing  
2 and administering this program.

3 5. As used in this section:

4 a. "Non-state governmental entity" means a hospital  
5 authority, hospital district, health care district,  
6 city, or county.

7 b. "Non-state government-owned nursing facility"  
8 means a nursing facility owned or operated by a  
9 non-state governmental entity for which a non-state  
10 governmental entity holds the nursing facility's  
11 license and is party to the nursing facility's Medicaid  
12 contract.

13 Sec. 95. EFFECTIVE UPON ENACTMENT. This division  
14 of this Act, being deemed of immediate importance,  
15 takes effect upon enactment.

16 Sec. 96. IMPLEMENTATION PROVISIONS.

17 1. The section of this division of this Act  
18 directing the department of human services to submit  
19 a Medicaid state plan amendment to CMS shall be  
20 implemented as soon as possible following enactment,  
21 consistent with all applicable federal requirements.

22 2. The sections of this division of this Act  
23 amending section 249L.2, shall only be implemented upon  
24 receipt by the department of human services of approval  
25 of the Medicaid state plan amendment by the centers for  
26 Medicare and Medicaid services of the United States  
27 department of health and human services, and if such  
28 approval is received, are applicable no earlier than  
29 the first day of the calendar quarter following the  
30 date of receipt of such approval.

31 DIVISION XVIII

32 TRAUMA CARE SYSTEM

33 Sec. 97. Section 147A.23, subsection 2, paragraph  
34 c, Code 2016, is amended to read as follows:

35 c. (1) Upon verification and the issuance of a

1 certificate of verification, a hospital or emergency  
2 care facility agrees to maintain a level of commitment  
3 and resources sufficient to meet responsibilities  
4 and standards as required by the trauma care  
5 criteria established by rule under [this subchapter](#).  
6 Verifications are valid for a period of three years  
7 or as determined by the department and are renewable.  
8 As part of the verification and renewal process, the  
9 department may conduct periodic on-site reviews of the  
10 services and facilities of the hospital or emergency  
11 care facility.

12 (2) Notwithstanding subparagraph (1), the  
13 department shall not decrease a level II certificate  
14 of verification issued to a trauma care facility by  
15 the department on or before July 1, 2015, unless the  
16 facility subsequently fails to comply with the trauma  
17 care criteria established in administrative rules in  
18 effect on July 1, 2015.

19 Sec. 98. EFFECTIVE UPON ENACTMENT. This division  
20 of this Act, being deemed of immediate importance,  
21 takes effect upon enactment.

22 Sec. 99. RETROACTIVE APPLICABILITY. This division  
23 of this Act applies retroactively to June 30, 2015.

24 DIVISION XIX

25 MENTAL HEALTH AND DISABILITY SERVICES REGIONS —  
26 FUNDING

27 Sec. 100. MENTAL HEALTH AND DISABILITY SERVICES  
28 REGIONS — FUNDING.

29 1. There is appropriated from the general fund of  
30 the state to the department of human services for the  
31 fiscal year beginning July 1, 2016, and ending June 30,  
32 2017, the following amount, or so much thereof as is  
33 necessary, to be used for the purpose designated:

34 For a grant to a five-county mental health and  
35 disability services region with a population of between

1 290,000 to 300,000 as determined by the latest federal  
2 decennial census, for the provision of mental health  
3 and disability services within the region:

4 ..... \$ 250,000

5 The moneys appropriated in this subsection are  
6 contingent upon the continuation of sustainable service  
7 funding relationships between all counties in the  
8 region for the fiscal year beginning July 1, 2016,  
9 and ending June 30, 2017. The department and the  
10 region shall enter into a memorandum of understanding  
11 regarding the use of the moneys by the region prior to  
12 the region's receipt of moneys under this subsection.

13 2. There is appropriated from the general fund of  
14 the state to the department of human services for the  
15 fiscal year beginning July 1, 2016, and ending June 30,  
16 2017, the following amount, or so much thereof as is  
17 necessary, to be used for the purpose designated:

18 For a grant to a mental health and disability  
19 services region with a population between 560,000  
20 and 565,000 as determined by the latest federal  
21 decennial census, for the provision of mental health  
22 and disability services within the region:

23 ..... \$ 250,000

24 The moneys appropriated in this subsection are  
25 contingent upon the continuation of sustainable service  
26 funding relationships between the counties in the  
27 region for the fiscal year beginning July 1, 2016,  
28 and ending June 20, 2017. The department and the  
29 region shall enter into a memorandum of understanding  
30 regarding the use of the moneys prior to the region's  
31 receipt of the moneys under this subsection.

32 3. There is appropriated from the general fund of  
33 the state to the department of human services for the  
34 fiscal year beginning July 1, 2016, and ending June 30,  
35 2017, the following amount, or so much thereof as is

1 necessary, to be used for the purpose designated:

2 For a grant to a single-county mental health and  
3 disability services region with a population of over  
4 350,000 as determined by the latest federal decennial  
5 census, for the provision of mental health and  
6 disability services within the region:

7 ..... \$ 2,500,000

8 The department and the region shall enter into  
9 a memorandum of understanding regarding the use of  
10 the moneys and detailing the provisions of the plan  
11 prior to the region's receipt of moneys under this  
12 subsection.

13 4. The department shall distribute moneys  
14 appropriated in this section within 60 days of the date  
15 of signing of the memorandum of understanding between  
16 the department and each region.

17 5. Moneys awarded under this section shall be used  
18 by the regions consistent with each region's service  
19 system management plan as approved by the department.

20 DIVISION XX

21 MENTAL HEALTH AND DISABILITY SERVICES REDESIGN PROGRESS

22 REPORT

23 Sec. 101. MENTAL HEALTH AND DISABILITY SERVICES  
24 REDESIGN PROGRESS REPORT. The department of human  
25 services shall review and report progress on the  
26 implementation of the adult mental health and  
27 disability services redesign and shall identify  
28 any challenges faced in achieving the goals of the  
29 redesign. The progress report shall include but  
30 not be limited to information regarding the mental  
31 health and disability services regional service system  
32 including governance, management, and administration;  
33 the implementation of best practices including  
34 evidence-based best practices; the availability of,  
35 access to, and provision of initial core services

1 and additional core services to and for required  
2 core service populations and additional core service  
3 populations; and the financial stability and fiscal  
4 viability of the redesign. The department shall  
5 submit its report with findings to the governor and the  
6 general assembly no later than November 15, 2016.

7 DIVISION XXI

8 REFUGEEERISE AMERICORPS PROGRAM

9 Sec. 102. Section 15H.5, subsection 5, paragraph a,  
10 Code 2016, is amended to read as follows:

11 a. Funding for the Iowa summer youth corps program,  
12 the Iowa green corps program established pursuant  
13 to [section 15H.6](#), and the Iowa reading corps program  
14 established pursuant to [section 15H.7](#), and the  
15 RefugeeERISE AmeriCorps program established pursuant to  
16 section 15H.8, shall be obtained from private sector,  
17 and local, state, and federal government sources, or  
18 from other available funds credited to the community  
19 programs account, which shall be created within the  
20 economic development authority under the authority of  
21 the commission. Moneys available in the account for a  
22 fiscal year are appropriated to the commission to be  
23 used for the programs. The commission may establish an  
24 escrow account within the authority and obligate moneys  
25 within that escrow account for tuition or program  
26 payments to be made beyond the term of any fiscal year.  
27 Notwithstanding [section 12C.7, subsection 2](#), interest  
28 earned on moneys in the community programs account  
29 shall be credited to the account. Notwithstanding  
30 section 8.33, moneys in the community programs account  
31 or escrow account shall not revert to the general fund  
32 but shall remain available for expenditure in future  
33 fiscal years.

34 Sec. 103. NEW SECTION. 15H.8 RefugeeERISE  
35 AmeriCorps program.

1     1.   *a.*   The Iowa commission on volunteer service, in  
2 collaboration with the department of human services,  
3 shall establish a Refugee Rebuild, Integrate, Serve,  
4 Empower (RefugeeRISE) AmeriCorps program to increase  
5 community integration and engagement for diverse  
6 refugee communities in rural and urban areas across the  
7 state.

8     *b.*   The commission, in collaboration with the  
9 department of human services, may adopt rules pursuant  
10 to chapter 17A to implement and administer this  
11 section.

12     2.   The commission may use moneys in and lawfully  
13 available to the community programs account created in  
14 section 15H.5 to fund the program.

15     3.   The commission shall submit an annual report  
16 to the general assembly and the department of human  
17 services relating to the efficacy of the program.

18                               DIVISION XXII

19                               MENINGOCOCCAL IMMUNIZATION

20     Sec. 104.   Section 139A.8, subsection 2, Code 2016,  
21 is amended by adding the following new paragraph:

22     NEW PARAGRAPH.   *e.*   A person shall not be enrolled  
23 in school in the seventh grade or twelfth grade in  
24 Iowa without evidence of adequate immunization against  
25 meningococcal disease in accordance with standards  
26 approved by the United States public health service  
27 of the United States department of health and human  
28 services for such biological products and is in  
29 accordance with immunization practices recommended by  
30 the advisory committee on immunization practices of the  
31 centers for disease control and prevention.

32                               DIVISION XXIII

33                               MEDICATION SYNCHRONIZATION

34     Sec. 105.   NEW SECTION.   **514C.5A   Prescription drug**  
35 **medication synchronization.**



1 1. A carrier, as defined in section 513B.2, that  
2 provides prescription drug coverage through a policy  
3 or contract delivered, issued for delivery, continued,  
4 or renewed on or after January 1, 2017, shall offer  
5 medication synchronization services that allow for the  
6 alignment of refill dates for a covered individual's  
7 prescription drugs that are a covered benefit. Such  
8 carrier shall comply with all of the following:

9 a. Shall not deny coverage and shall prorate the  
10 cost sharing rate for a prescription drug that is a  
11 covered benefit and is dispensed by a network pharmacy  
12 in less than the standard refill amount, if the covered  
13 individual requests both enrollment in a medication  
14 synchronization program and a less-than-standard refill  
15 amount for the purposes of medication synchronization.

16 b. Shall accept early refill and short fill  
17 requests for prescription drugs using the submission  
18 clarification and message codes adopted by the national  
19 council for prescription drug plans or alternative  
20 codes specified by the carrier.

21 c. Shall pay the ingredient cost and the dispensing  
22 fee in accordance with the contracted rate for each  
23 submitted claim, regardless of the days' supply  
24 specified in the claim submitted. However, compounded  
25 medications shall not be eligible for the ingredient  
26 cost payment.

27 2. For purposes of this section, "*medication*  
28 *synchronization*" means the coordination of medication  
29 refills for a patient taking two or more medications  
30 for a chronic condition that are dispensed by a single  
31 network pharmacy to facilitate the synchronization  
32 of an individual's medications for the purpose of  
33 improving medication adherence.

34 DIVISION XXIV

35 AUTISM SPECTRUM DISORDERS COVERAGE

1     Sec. 106. Section 225D.1, subsection 8, Code  
2 2016, as otherwise amended by this Act, if enacted, is  
3 amended to read as follows:

4     8. "*Eligible individual*" means a child less than  
5 fourteen years of age who has been diagnosed with  
6 autism based on a diagnostic assessment of autism,  
7 is not otherwise eligible for coverage for applied  
8 behavioral analysis treatment under the medical  
9 assistance program, [section ~~514C.28~~ 514C.31](#), or other  
10 private insurance coverage, and whose household income  
11 does not exceed five hundred percent of the federal  
12 poverty level.

13     Sec. 107. Section 225D.2, subsection 2, paragraph  
14 1, Code 2016, is amended to read as follows:

15     1. Proof of eligibility for the autism support  
16 program that includes a written denial for coverage or  
17 a benefits summary indicating that applied behavioral  
18 analysis treatment is not a covered benefit for which  
19 the applicant is eligible, under the Medicaid program,  
20 [section ~~514C.28~~ 514C.31](#), or other private insurance  
21 coverage.

22     Sec. 108. Section 225D.2, subsection 3, Code 2016,  
23 is amended to read as follows:

24     3. Moneys in the autism support fund created under  
25 subsection 5 shall be expended only for eligible  
26 individuals who are not eligible for coverage for  
27 applied behavioral analysis treatment under the medical  
28 assistance program, [section ~~514C.28~~ 514C.31](#), or other  
29 private insurance. Payment for applied behavioral  
30 analysis treatment through the fund shall be limited  
31 to only applied behavioral analysis treatment that is  
32 clinically relevant and only to the extent approved  
33 under the guidelines established by rule of the  
34 department.

35     Sec. 109. NEW SECTION. **514C.31 Autism spectrum**

1 disorders coverage.

2 1. Notwithstanding the uniformity of treatment  
3 requirements of section 514C.6, a group policy,  
4 contract, or plan providing for third-party payment or  
5 prepayment of health, medical, and surgical coverage  
6 benefits shall provide coverage benefits to covered  
7 individuals under twenty-two years of age for the  
8 screening, diagnosis, and treatment of autism spectrum  
9 disorders if the policy, contract, or plan is either  
10 of the following:

11 a. A policy, contract, or plan issued by a carrier,  
12 as defined in section 513B.2, or an organized delivery  
13 system authorized under 1993 Iowa Acts, chapter 158,  
14 to an employer who on at least fifty percent of the  
15 employer's working days during the preceding calendar  
16 year employed more than fifty full-time equivalent  
17 employees. In determining the number of full-time  
18 equivalent employees of an employer, employers who  
19 are affiliated or who are able to file a consolidated  
20 tax return for purposes of state taxation shall be  
21 considered one employer.

22 b. A plan established pursuant to chapter 509A for  
23 public employees.

24 2. As used in this section, unless the context  
25 otherwise requires:

26 a. "*Applied behavior analysis*" means the design,  
27 implementation, and evaluation of environmental  
28 modifications, using behavioral stimuli and  
29 consequences, to produce socially significant  
30 improvement in human behavior or to prevent loss of  
31 attained skill or function, including the use of direct  
32 observation, measurement, and functional analysis of  
33 the relations between environment and behavior.

34 b. "*Autism spectrum disorder*" means any of  
35 the pervasive developmental disorders including

1 autistic disorder, Asperger's disorder, and pervasive  
2 developmental disorders not otherwise specified. The  
3 commissioner, by rule, shall define "*autism spectrum*  
4 *disorder*" consistent with definitions provided in  
5 the most recent edition of the American psychiatric  
6 association's diagnostic and statistical manual of  
7 mental disorders, as such definitions may be amended  
8 from time to time. The commissioner may adopt the  
9 definitions provided in such manual by reference.

10 c. "*Behavioral health treatment*" means counseling  
11 and treatment programs, including applied behavior  
12 analysis, that meet the following requirements:

13 (1) Are necessary to develop, maintain, or restore,  
14 to the maximum extent practicable, the functioning of  
15 an individual.

16 (2) Are provided or supervised by a behavior  
17 analyst certified by a nationally recognized board, or  
18 by a licensed psychologist, so long as the services are  
19 performed commensurate with the psychologist's formal  
20 training and supervised experience.

21 d. "*Diagnosis of autism spectrum disorder*" means the  
22 use of medically necessary assessments, evaluations, or  
23 tests to diagnose whether an individual has an autism  
24 spectrum disorder.

25 e. "*Pharmacy care*" means medications prescribed by  
26 a licensed physician and any assessment, evaluation,  
27 or test prescribed or ordered by a licensed physician  
28 to determine the need for or effectiveness of such  
29 medications.

30 f. "*Psychiatric care*" means direct or consultative  
31 services provided by a licensed physician who  
32 specializes in psychiatry.

33 g. "*Psychological care*" means direct or consultative  
34 services provided by a licensed psychologist.

35 h. "*Therapeutic care*" means services provided by

1 a licensed speech pathologist, licensed occupational  
2 therapist, or licensed physical therapist.

3 *i. "Treatment for autism spectrum disorder"* means  
4 evidence-based care and related equipment prescribed  
5 or ordered for an individual diagnosed with an autism  
6 spectrum disorder by a licensed physician or a licensed  
7 psychologist who determines that the treatment is  
8 medically necessary, including but not limited to the  
9 following:

10 (1) Behavioral health treatment.

11 (2) Pharmacy care.

12 (3) Psychiatric care.

13 (4) Psychological care.

14 (5) Therapeutic care.

15 *j. "Treatment plan"* means a plan for the treatment  
16 of an autism spectrum disorder developed by a licensed  
17 physician or licensed psychologist pursuant to a  
18 comprehensive evaluation or reevaluation performed  
19 in a manner consistent with the most recent clinical  
20 report or recommendations of the American academy of  
21 pediatrics, as determined by the commissioner by rule.

22 3. Coverage for applied behavior analysis is  
23 required pursuant to this section for a maximum  
24 benefit amount of thirty-six thousand dollars per year.  
25 Beginning in 2020, the commissioner shall, on or before  
26 July 1 of each calendar year, publish an adjustment for  
27 inflation to the maximum benefit required equal to the  
28 percentage change in the medical care component of the  
29 United States department of labor consumer price index  
30 for all urban consumers in the preceding year, and the  
31 published adjusted maximum benefit shall be applicable  
32 to group policies, contracts, or plans subject to  
33 this section that are delivered, issued for delivery,  
34 continued, or renewed on or after January 1 of the  
35 following calendar year. Payments made under a group

1 policy, contract, or plan subject to this section on  
2 behalf of a covered individual for any treatment other  
3 than applied behavior analysis shall not be applied  
4 toward the maximum benefit established under this  
5 subsection.

6 4. Coverage for applied behavior analysis shall  
7 include the services of persons working under the  
8 supervision of a behavior analyst certified by a  
9 nationally recognized board or under the supervision of  
10 a licensed psychologist, to provide applied behavior  
11 analysis.

12 5. Coverage required pursuant to this section shall  
13 not be subject to any limits on the number of visits an  
14 individual may make for treatment of an autism spectrum  
15 disorder.

16 6. Coverage required pursuant to this section  
17 shall not be subject to dollar limits, deductibles,  
18 copayments, or coinsurance provisions, or any other  
19 general exclusions or limitations of a group plan  
20 that are less favorable to an insured than the dollar  
21 limits, deductibles, copayments, or coinsurance  
22 provisions that apply to substantially all medical and  
23 surgical benefits under the policy, contract, or plan,  
24 except as provided in subsection 3.

25 7. Coverage required by this section shall be  
26 provided in coordination with coverage required for the  
27 treatment of autistic disorders pursuant to section  
28 514C.22.

29 8. This section shall not be construed to limit  
30 benefits which are otherwise available to an individual  
31 under a group policy, contract, or plan.

32 9. This section shall not be construed as affecting  
33 any obligation to provide services to an individual  
34 under an individualized family service plan, an  
35 individualized education program, or an individualized

1 service plan.

2 10. Except for inpatient services, if an insured is  
3 receiving treatment for an autism spectrum disorder,  
4 an insurer is entitled to review the treatment plan  
5 annually, unless the insurer and the insured's treating  
6 physician or psychologist agree that a more frequent  
7 review is necessary. An agreement giving an insurer  
8 the right to review the treatment plan of an insured  
9 more frequently applies only to that insured and does  
10 not apply to other individuals being treated for autism  
11 spectrum disorders by a physician or psychologist. The  
12 cost of conducting a review of a treatment plan shall  
13 be borne by the insurer.

14 11. This section shall not apply to accident-only,  
15 specified disease, short-term hospital or medical,  
16 hospital confinement indemnity, credit, dental, vision,  
17 Medicare supplement, long-term care, basic hospital  
18 and medical-surgical expense coverage as defined  
19 by the commissioner, disability income insurance  
20 coverage, coverage issued as a supplement to liability  
21 insurance, workers' compensation or similar insurance,  
22 or automobile medical payment insurance, or individual  
23 accident and sickness policies issued to individuals or  
24 to individual members of a member association.

25 12. The commissioner shall adopt rules pursuant to  
26 chapter 17A to implement and administer this section.

27 13. An insurer shall not terminate coverage of an  
28 individual solely because the individual is diagnosed  
29 with or has received treatment for an autism spectrum  
30 disorder.

31 14. a. By February 1, 2018, and every February 1  
32 thereafter, the commissioner shall submit a report to  
33 the general assembly regarding implementation of the  
34 coverage required under this section. The report shall  
35 include information concerning but not limited to all

1 of the following:

2 (1) The total number of insureds diagnosed with  
3 autism spectrum disorder in the immediately preceding  
4 calendar year.

5 (2) The total cost of all claims paid out in the  
6 immediately preceding calendar year for coverage  
7 required under this section.

8 (3) The cost of such coverage per insured per  
9 month.

10 (4) The average cost per insured per month for  
11 coverage of applied behavior analysis required under  
12 this section.

13 b. All third-party payment provider policies,  
14 contracts, or plans, as specified in subsection 1,  
15 and plans established pursuant to chapter 509A shall  
16 provide the commissioner with data requested by the  
17 commissioner for inclusion in the annual report.

18 15. If any provision of this section or its  
19 application to any person or circumstance is held  
20 invalid, the invalidity does not affect other  
21 provisions or application of this section which can  
22 be given effect without the invalid provision or  
23 application, and to this end the provisions of this  
24 section are severable.

25 16. This section applies to third-party payment  
26 provider policies, contracts, or plans, as specified  
27 in subsection 1, and to plans established pursuant to  
28 chapter 509A, that are delivered, issued for delivery,  
29 continued, or renewed in this state on or after January  
30 1, 2017.

31 Sec. 110. REPEAL. Section 514C.28, Code 2016, is  
32 repealed.

33 Sec. 111. EFFECTIVE DATE. The following provisions  
34 of this division of this Act take effect January 1,  
35 2017:



1     1.   The sections of this division of this Act  
2 amending sections 225D.1 and 225D.2.  
3     2.   The section of this division of this Act  
4 repealing section 514C.28.>